

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000004786 (5)**  
 1. Corporation Name  
**OTTENDORF AVIATION, INC.**



Principal Place of Business: **444 SEABREEZE BLVD STE 800 DAYTONA BEACH FL 32118**  
 Mailing Address: **444 SEABREEZE BLVD STE 800 DAYTONA BEACH FL 32118-0353**

3. Date Incorporated or Qualified <b>01/12/1996</b>		3a. Date of Last Report	
4. FCI Number <b>59-3369324</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business <b>110 PARK AVE.</b>		2a. Mailing Address <b>P.O. BOX 1231</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State <b>DAYTONA BEACH, FL</b>		28. City & State <b>DAYTONA BEACH, FL</b>	
24. Zip <b>32118</b>	25. Country <b>U.S.</b>	29. Zip <b>32115</b>	30. Country <b>U.S.</b>

9. Name and Address of Current Registered Agent  
**ROST, SCOTT R**  
**444 SEABREEZE BLVD STE 800**  
**DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	<b>FL</b>
B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>George H. Ottendorf</b>	
STREET ADDRESS	<b>110 Park Ave.</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert E. Ottendorf</b>	
STREET ADDRESS	<b>110 Park Ave.</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>John B. Ottendorf</b>	
STREET ADDRESS	<b>110 Park Ave.</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **11/30/97** **904-253-1111**

CR2E034 (9/96)