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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00688

EXPRESS AIRCRAFT CORPORATION

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(9)		

FILED Apr 15 1997 8:00am Secretary of State



	ce of Business	Mailing Address						
728 LAGOON DR. NORTH PALM BEACH FL 33408		728 lagoon dr. North Palm Beach F	728 LAGOON DR. NORTH PALM BEACH FL 33408-4234					
					3. Date Incorporated or Qualified 09/19/1990		te of Last f 29/1996	Report
,	Place of Business	28. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0221223		N	lot Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional tequired
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Country	,	8. This corporation has liability to	r intangible t	lax under g	s. 199.032,
24	25	29	30		Florida Statutes	Yes [] No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered A	gent	
BU	ISLIK, JEAN-FRANCOIS		81	Name				
	8 LAGOON DRIVE		82	Stroot Add	ress (P.O. Box Number is Not Accepte	abla)	····	
	ORTH PALM BEACH FL 33408		**	Sileer Abu	ress (F.O. DOX radinosi is radi Accepta	(טיטו		
			83					
			-	<u> </u>	**************************************		11	
			84	City		FL	 85 Zip	Code
11 Durcoant	to the provisions of Sections 607.	0502 and 607 1508 Elorida Stati	utes the above	e-pamed cor	poration submits this statement for the		changing i	ite registerer
office or	registered agent, or both, in the St	tate of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby according	ept the appo	ointment as	s registered
agent. H	am familiar with, and accept the ob	oligations of Section 607.0505, I	Florida Statute	S.				,
SIGNATURE	T							
	Stip ature, typind or printed name of registered							
42	Occieras			ent signature requ	ired when reinstating)	DATE	DIRECTOR	20 IN 12
12.		AND DIRECTORS	13.	uper erutangia tre	ired when reinstating) ADDITIONS/CHANGES TO OFF			
TOLE	PD		13. 1.1 TITLE	ent signature requ			DIRECTOR Change	
TOLE	PD BUSLIK, JEAN-FRANCOIS	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME					
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4. 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 proporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 thanged, or on an attachment with an address.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

97 551 694 6198