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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:20

DOCUMENT # V11962 (0)

1. Corporation Name
SILVER STREAK AVIATION, INC.

Principal Place of Business
705 BUTTONBUSH LN
NAPLES FL 33963

Mailing Address
705 BUTTONBUSH LN
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1992
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21 801 Laurel Oak Dr.
Suite, Apt. #, etc.
22 Suite 705
City & State
23 Naples, FL
Zip
24 33963
Country
25

2a. Mailing Address
26 801 Laurel Oak Dr.
Suite, Apt. #, etc.
27 Suite 705
City & State
28 Naples, FL 33963
Zip
29
Country
30

4. FEI Number: 59-3130754
Applied For
Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Florida Campaign Contribution Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
HARDT, FREDERICK R.
801 LAUREL OAK DR
SUITE 705
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, DOROTHY L.
STREET ADDRESS	3230 64TH ST SW
CITY ST ZIP	NAPLES FL
TITLE	TSD
NAME	HARDT, FREDERICK R.
STREET ADDRESS	705 BUTTONBUSH LN
CITY ST ZIP	NAPLES FL
TITLE	VPD
NAME	GODLEY, GARY A
STREET ADDRESS	925 HIGH PT. DR.
CITY ST ZIP	NAPLES FL
TITLE	VPD
NAME	GOODMAN, KENNETH D
STREET ADDRESS	6622 NEW HAVEN DR.
CITY ST ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[X] Change [ ] Add
NAME	
STREET ADDRESS	801 Laurel Oak Dr. Suite 705
CITY ST ZIP	33963
TITLE	[ ] Change [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and has not been paid for. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this report, signed in accordance with Section 607.0502, Florida Statutes, is accurate. I further certify that I am an officer or director of the corporation or the person designated to execute the report as required by Chapter 607, Florida Statutes, and that, if applicable, the name appears in Block 12 or Block 13 of this report, or an attachment with an asterisk.

SIGNATURE: [signature] 2/17/95 813-598-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0311001 CP