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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6/4/99 90006046 \$101.25

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 998000005186

1. Corporation Name

ECOLOGICAL FLIGHT SERVICES INC.

Principal Place of Business

Mailing Address

2555 SE Dixie Hwy Suite 111
STUART FL, 34996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
JAN. 16 1998	65-0811364	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$8.75
8. This corporation owes the current year Intangible Personal Property Tax.	9. Trust Fund Contribution	10. May Be Added to Fees
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	\$5.00

9. Name and Address of Current Registered Agent

DONALD SCOTT
5837 SE KATHARINE AVE
STUART FL, 34997

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD SCOTT 6-4-99 561 781 0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)