## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

,	1996	D	Secretary of IVISION OF CORF		ONS			
DOCU 1. Corporatio	MENT # 45	25729	(1)					
	HEAST AEROMARI	NE. INC.						
•		(1L) 1110·					12 MIL BAN BIBN BI	IN BIÂN BIÂN AND DAN
Principal Place	e of Business	Mailing Add	ess					
	OUSLEY DRIVE	C	COUSLEY DRIVE					
	RLOTTE FL 33952		ARLOTTE FL 33952	<u> </u>				
						3. Date Incorporated or Qualified	3a. Date of L	ast Report
<b>5</b> Division (10)	(5)					05/15/1973	05/0	1/1995
2. Principal Pi 21	lace of Business	2a. Mailing A	ddress			4. FEI Number 59-1464169		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				S	Not Applicable  8.75 Additional
22		27	h1			5. Certificate of Status Desired		Fee Required
City & State	е	City & St	ate			6. Election Campaign Financing		5.00 May Be
<b>7</b> ip	Country	28     Zip		Country	,	Trust Fund Contribution  8. This corporation has liability for		Added to Fees
24	25	29	30	,		Florida Statutes Yes	Interigible (ax 0 i	der \$ 199.032,
	9. Name and Addres	s of Current Registered Age	ont		1	10. Name and Address of New F	legistered Ager	nt
A11A==				81	Name			
	R,ROBERT E.			82	Street Ac	ldress (P.O. Box Number is Not Acceptat	ole)	
	E. COUSLEY DRIVE CHARLOTTE FL 33064			83	<u>.</u>			
101111	OHAILOTTE TE 00004			-				
				84		oration submits this statement for the pur pard of directors. I horeby accept the app	FL 85	
SIGNATURE	Robert E () Signature, typed or printed name of	ons of Section 607.0505, Flor	est (NOTE: Regis		it signaturu reiqu	irkal when reinstatingi	4-10-Q	
12.	PD	FICERS AND DIRECTORS		13, 1. 1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
NAME	CUSTER,ROBERT	_		1.2 NAME				ange D Addition
STREET ADDRESS	124 S.E. COUSLE			1.3 STREET	ADDRESS			
City-St-Zip	PORT CHARLOTTE			.4 CITY - 9	r-zie			
T-TLE	S OUT T			2. 1 TITLE			☐ Ch	ange 🔲 Addition
NAME STREET ADDRESS	CUSTER, SUE T 124 S.E. COUSLEY	v fublive		2.2 NAME	ADDRESS			
CiTY-ST-ZiP	PORT CHARLOTTE			2.4 CITY - S	1			
TITLE				1 TITLE		*** *** *** *** *** *** *** *** *** **	☐ Ch	ange Addition
NAME			] :	1.2 NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE			NE CEE	4 CITY - S 1. 1 TITLE	I - ZIP		[ ] Ch	ange
NAME				2 NAME				E reduitori
STREET ADDRESS					ADDRESS			
CITY - ST - ZIF				4 CITY - S	T-ZIP			
TITLE		ĹJ		1 TITLE			☐ Ch.	ange 🔲 Addition
NAME STREET ADDRESS				.2 NAME .3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>			.4 CITY - S	1			
TITLE				. 1 TITLE	<del></del>		☐ Cha	ange Addition
NAME			. 6	.2 NAME				
STREET ADDRESS			6	.3 STREET	ADDRESS			
CHY-ST-ZIP	L partiful that the information	an cumplied with this files is ve		4 CITY - S	T-ZIP			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 991-629-0896