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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616483

1. Corporation Name
SKY-HIGH AVIATION, INC.

(4)

FILED
May 06 1997 8:00am
Secretary of State



Principal Plac	ce of Business	Mailing Address	Mailing Address			ı indire giral sıbin birir bindi rördd siri diğir bibir bibir bibir bibir bibir			
125 NEUPORT DRIVE VERO BEACH FL 32968		125 NIEUPORT DRIVE	125 NIEUPORT DRIVE VERO BEACH FL 32968-9213						
VENU DEAUN	LP 05000	VERO DEMON PL 32308-3213							
					3. Date Incorporated or Qualified 04/05/1979	3a. Date of 06/19/1		eport	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			plied For	
21		26			59-1895288			t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	r		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	F-n '		6. Election Campaign Financing				
23		[28]			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	,	8. This corporation has liability for in	itangible tax t Yes 🄲 No		. 199.032,	
24	9. Name and Address of C	29 3 Current Registered Agent	101 		Florida Statutes 10. Name and Address of New Reg				
KAS	ER, WILLIAM H.		81	Name		iotorou Agor	<u>. </u>		
	NIEUPORT DR.			Cinner Andre	(50 8)				
VER	O BEACH FL 32960		82	Street Add	fress (P.O. Box Number is Not Acceptable	e)			
			83						
			84	City	A TOTAL TOTAL CONTRACTOR OF THE STATE OF THE	FL 85	Zip (Code	
11. Rursuant	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508, Florida Statutes State of Florida, Such change was au	, the above thorized by	e-named cor the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep		nging it	s registered	
agent. I a	am familiar with, and accept the	obligations of, Section 607.0505, Flori	da Statutos	8.	,,			, og sie ou	
SIGNATURE	Signature, typed or printed name of registi-	and agent and line if aguileantle (NOIF)	final stead And	int signature regul	uted when relosating)	DATE			
12.		IS AND DIRECTORS	18.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
TITLE	P	DELETE	11 THEF				Change	Addition	
NAME	KASER, WILLIAM H		1.2 NAME						
STREET ADDRESS	125 NIEUPORT DR.		1.3 STREET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		1.≰ CITY - S	il - ZiP			,		
TITLE	KASER, JOAN B.	□ DELETE	2.1 TILE				Change	Addition	
NAME	125 NIEUPORT DR.	OK MICHIDADT AD							
STREET ADDRESS	VERO BEACH FL.		2.3 STREET						
CITY-ST-ZIP TITLE			2.4 CITY - S 3.1 TITLE	ST - 7/F			Change	Addition	
NAME						U'	onanys	I'' VOOIIIOII	
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CHY - 5						
TITLE			4.1 TITLE				Change	Addition	
NAME			4.2 NAME			— -	-		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	1- ZIP					
TITLE			5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADURES\$					
CITY-ST-ZIP			5.4 CITY - S	T-ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAML						
STREET ADDRESS			6.3 STHEET	ADDRESS					

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 offect 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.

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