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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

SUN-ST	MENT # 618082 ATE HELICOPTERS, INC.						
Principal Place of Business 6807 \$ MACDILL AVENUE TAMPA FL 33611		Mailing Address 6807 S MACDILL AVENUE TAMPA FL 33611-5502					
					3. Date Incorporated or Qualified 04/19/1979	3a. Date of Last 6 04/16/1996	Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-2875308	├ ~	applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		Additional Required
City & Stat	para a mana a mana	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	7 p	Country 30			Yes No	s. 199.032,
	Name and Address of Curr MAN, JOHN P.	ent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	MAN, JOHN P. 7 S. MACDILL AVENUE		L.				
			82 Street Addr		dress (P.O. Box Number is Not Acceptab	le)	
(1.4	1988 33611		83				
			B4	City		FL 85 Zip	Code
11. Pursuant office or a agent. La	to the provisions of Sections 607.09 registered agent, or both, in the Statement familiar with, and accept the obli	02 and 607,1508, Florida Statut le of Florida. Such change was gations of, Section 607,0505, Fi	es, the above authorized by orida Statutes	e-named co the corpor s.	orporation submits this statement for the plation's board of directors. I hereby accep	urpose of changing of the appointment as	its registered s registered
SIGNATURE							
12.	Signature, typed or printed name of registered a	gent and tilled appleable (NOT ND DIRECTORS	€ Registered Age ■ 13,	ent signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FERS AND DIRECTOR	DC IN 12
TITLE	PD	DELETE 1.1 TO		<u></u>	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	COLMAN, JOHN P.		1.2 NAME				<u></u>
STREET ADDRESS	3101 BEACH DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TARADA FI		1.4 CITY - S				
TITLE	A =		21 TULE			☐ Change	Addition
NAME	COLMAN, LINDA L.	2.2 N/					
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		2 4 CHY-5	S1 - ZIP			
TITLE	}	DELETE	3.1 1111.6	- 1		☐ Change	Addition
NAME	1		3.2 NAME				İ
STREET ADDRESS			3.3 STREFT	1			
CITY-ST-ZIP	DELETE		3.4 CITY-5	ST-ZIP		Channe	A deligram
TITLE	f .		4.1 Title	1		Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 \$TREE1		•		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TOLE	1 - ZIP		Change	Addition
NAME			5.2 NAME	1		E-1 ondingo	
STREET ADDRESS			5.2 NAME	ADDRESS			
CITY-ST-ZIP			54 CITY-S				ļ
TITLE		54C		,		Change	Addition
NAME			6 2 NAME	ĺ			
STREET ADDRESS			G.3 STREET	ADDRESS			
CITY+ST-ZIP			6.4 CITY - S	1			}
	by certify that the information suppli	ed with this filing does not qualit			ed in Section 119.07(3)(i), Florida Statutes	s. I further certify that	t the

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 turther certify that the information indicated on this annual report or supplemental annual report is truly 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 acceptor or trustee employed 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 or an attachment with an address.

CNATIBE:

SIGNATURE:

FILED

Mar 14 1997 8:00am

Secretary of State