

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854070 (0)**  
1. Corporation Name  
**EVERGREEN INTERNATIONAL AIRLINES, INC.**



Principal Place of Business <b>3850 THREE MILE LANE ATTN: LEGAL DEPARTMENT MCMINNVILLE OR 97128 US</b>	Mailing Address <b>3850 THREE MILE LANE ATTN: LEGAL DEPARTMENT MCMINNVILLE OR 97128 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/15/1982</b> Qual. in FL <b>12/26/91</b> Inc. in OR <b>4/16/75</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>81-0357870</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

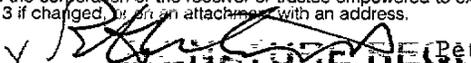
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DELFORD M</b>	1.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANE, LARRY K.</b>	2.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBUS, GLENN</b>	3.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANE, RONALD A.</b>	4.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, CAROLYN S</b>	5.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAVES, SUE ANN T</b>	6.2 NAME	
STREET ADDRESS	<b>3850 THREE MILE LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MC MINNVILLE OR</b>	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 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, in an attachment with an address.

SIGNATURE:  Peter K. Smith, V P Finance 1/5/98 503-472-9361

CR2E034 (10/97)