FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

B9300000340

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 31 AM H: 14



Same Address State	C-130 POWER MASTER LIN		•			
CRESTVEW FL 23399 2. Malling Address S+86_FAIR CHILD ROAD 2. Malling Address S+86_FAIR CHILD ROAD Suite, Apt. #. etc. Suite, Apt. #. etc. City & State CRESTVIEW	(7601 PAUL TIBBETO OT	Principal Office Address % CRESTVIEW AEROSPACE 5486 FAIRCHILD ROAD		08/20/1993 3a. Date of Last Report 04/03/1996	Shown on record.	
2. Mailing Addross \$486 FAIRCHILD ROAD Suito, Apt #0. cit. Suito, Apt #0. cit. Suito, Apt #0. cit. City & State CRESTVIEW 3 FL Zip 32.539 Country 39. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 TO TO TO THE PROVISIONS of Socious (P.O. Box Number is Not Acceptable) Suito, Apt #1. cit. City & State CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 TO TO TO THE PINE ISLAND ROAD PLANTATION FL 33324 TO TO THE PINE ISLAND ROAD PLANTATION FL 33324 Suite: Apt #1. cit. City FL Zip Code City Floor City Flo					5b. Amount of Capital Contributions in FLORIDA	
Suite, Apt #, etc. City & State City & State City & State Country A man and Address of Current Registered Agent To Country Pursuant to the provisors of sectors 201051 and 520 192, Fonds Statute, the above named limited partnership organized or registered (Fonds, submits the statement of the provisors of changing is registered of 192 Fonds Statutes, the above named limited partnership organized or registered (Fonds, submits the statement of the provisors of sectors 201051 and 520 192, Fonds Statutes, the above named limited partnership organized or registered under the laws of the State of Fonds, submits the statement of the provisors of sectors 520 1051 and 520 192, Fonds Statutes, the above named limited partnership organized or registered under the laws of the State of Fonds, submits the statement of the provisors of sectors 520 1051 and 520 192, Fonds Statutes, the above named limited partnership organized or registered under the laws of the State of Fonds, submits the statement of the provisors of sectors 520 1051 and 520 192, Fonds Statutes, the above named limited partnership organized or registered under the laws of the State of Fonds, submits the statement of the provisors of sectors 520 1051 and 520 192, Fonds Statutes, the above named limited partnership organized or registered under the laws of the State of Fonds, submits the statement of the provisors of changing is registered office or registered agent change was authorized by its general partner(s). Thereby accept the appointment of registered agent has named as a control of the fonds. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent has named as a control of the fonds. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent has named as a control of the fonds. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent has named and the fonds. The fonds are changed agent. The fonds are change	2. Mailing Address 5486 FAIR CHILD ROAD	2a. Principal Office Address				
City & State CARESTVIEW of Country To Cou	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
8. Make check payable to Dopt of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for toe information of the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See reverse side for for the Composition of State (See Reverse)) The Composition of State (See reverse side for for the Composition of State (See Reverse)) State (See Reverse)	CRESTVIEW 5 FL				\$8.75 Additional	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite. Api #. etc. City FL Zip Code Code City FL Zip Code Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Code City FL Zip Code Code City FL Zip Code City FL City FL City FL City FL City	"32539 USA	710	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sute: Apt #, etc. City FL Zip Code To the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the adjustions of section 620 192 Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) CHOWN AVAITION INTERNATIONAL; Zee Amendment C-130 POWER MASTER LIMITED LIABILITY COMPANY 5486 FAIRCHILD RD. CRESTVIEW, FL M94,000,0000 2.85	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Name Stree			10. If changed, new Registered Agent/Office		
Pursuant to the provisions of sections C20 105.1 and C20.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statemen for the purpose of changing its registered algority or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent Lam familiar with, and accept the orbitigations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT use Peat Office Box Numbers) SNOW AVATION INTERNATIONAL; 7201 PAUL TIBBETS ST. OOLUMBUSS OH 49217 F80000003810 C-130 POWER MASTER LIMITED LIABILITY COMPANY 5486 FAIRCHILD RD. CRESTVIEW, FL. M94000000 2855			Street Address (P.O. Box Number Is Not Acceptable)			
To the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 12. City State & Zip Code 12. Registration/ Document Number 12. Columbus of Habitation Partner(s) 13. City State & Zip Code 14. City State & Zip Code 15. City State & Zip Code 16. City State & Zip Code 17. F80000000810 18. City State & Zip Code 19. City State & Zip Code 19. City State & Zip Code 10. City State & Zip Code 10. City State & Zip Code 10. City State & Zip Code 11. Name(s) of General Partner(s) 11. Name(s) of General Partner(s) 12. City State & Zip Code 13. City State & Zip Code			City		FL. Zip Code	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) SNOW AMATION INTERNATIONAL; Cee Amendment (See Amendment) C-130 POWER MASTER LIMITED LIABILITY COMPANY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number 11b. City. State & Zip Code 11c. Registration/ Document Number 11d. (Do NOT Use Post Office Box Numbers) 11d. (Do Not Use Post Office Box Numbers	for the purpose of changing its registered office or in agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment).	eg stered agent, or both, in the State of Fiorida of section 620 192 Fiorida Statutes.	Such change was	s authorized by its general partner(s). I her	eby accept the appointment of registered	
See Amendment) C-130 POWER MASTER LIMITED LIABILITY COLUMBUSS OH 43217 F9000003610 See Amendment) See Amendment See Ame	A GENERAL PARTNER THAT I	IS A CORPORATION, LII BE REGISTERED AND	MITED PA ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY	
(See Amendment) C-130 POWER MASTER LIMITED LIABILITY COMPANY 5486 FAIRCHILD RD. CRESTVIEW, FL M9600000285	11. Namo(s) of General Partner(s)	Address of Each General P. (Do NOT Use Post Office Box	arlner Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number	
C-130 POWER MASTER LIMITED LIABILITY COMPANY 5486 FAIRCHILD RD. CRESTVIEW, FL M9600000285	SNOW AVIATION INTERNATIONAL;	7201 PAUL TIBBETS ST.	··· <u>-</u>	OOLUMBUSS OH 43217	F93000003610-	
COMPANY 5486 FAIRCHILD RD. CRESTVIEW, FL M9600000285	_			90002 -01/09 *****	0531993 /9701107012 76.25 ****576.25	
3 2539 GSH	LIMITED LIABILITY	5486 Fairchild RD.		RESTVIEW, FL	M9400000285	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. It do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-comphance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chafter 600. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form V LIMITED LIABILITY COMPANY
BY 173 MANAGER: PSCI, LLC

Daytime Telephone Number 904.

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