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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F22341

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90054 019 ***158.75

1. Corporation		ICOPTERS, INC								
Principal Place	of Busines		M	ailing Address				- I YONIYEN CHIN CHING HORD CEINE BINGE HOR DIBLE ALB	II Bib ji Bib ii	. 818 11 8 5811 1 38 1
2615 LANTANA RD SUITE "J" 2615 LANTANA RD SUITE "J										
LANTANA FL 33462 LANTANA FL 33462								DO NOT WRITE IN THIS SPACE		
									SPACE	
								3. Date Incorporated or Qualifed 03/09/1981		
2. Principal Pl	lace of Busin	2a.	. Mailing Address		•		4. FEI Number	- A	pplied For	
21			26	<u>-</u>				59-2064645	N	lot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		• -	27	· -				5. Certificate of Status Desired.	Fee F	Required
City & State	e	<u> </u>		City & State				6. Election Campaign Financing		May Be
23			28					Trust Fund Contribution		to Fees
Zip	,	Country		Zip	_	Country		8. This corporation owes the current year Inta		
24		25	29		30			1 craonari roporti rax:	Yes	□No
	9. Name	and Address of Cur	rent Regis	stered Agent		81	Nom-	10. Name and Address of New Registered A	gent	
CDO	WE DOVO	ED ID				81	Name 			
CROWE, BOYCE D JR						82 Street Adds		ess (P.O. Box Number is Not Acceptable)		
2615 Lantana Rd., Suite "J" Lantana Fl 33462				_						
LANI	IANA FL 3	3462				83				,
CASS AND WEIGHT						84	City	FL	85 Zip	Code* 14.
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 6	507.1508, Florida Stat	tutes, th	e above	e-named corpe the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hanging it tment as i	ts registered registered
agent. I a	m familiar w	ith, and accept the obl	ligations of	f, Section 607.0505, F	Florida S	Statutes				
SIGNATURE	Signature, types	or printed name of registered	agent and title	if applicable. (NC	TE: Regist	tered Ager	nt signature required	d when reinstating) DATE		
12.		OFFICERS			$-\mathbf{T}$	13.		ADDITIONS/CHANGES TO OFFICERS ANI		
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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, or on an attachment with an address, with all other like empowered.