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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73288

(5)

SKYBOLT AEROMOTIVE CORP.

FILED									
May 02 1997 8:00am									
Secretary of State									

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Principa' Plac C/O MR, NED 551 NORTH P. APOPKA FL 3	ARK AVENUE	551 NORTH PARK AVE	Mailing Address C/O MR. NED C. BOWERS 551 NORTH PARK AVENUE APOPKA FL 32712-3525						
						3. Date incorporated or Qualified 03/23/1982		ate of Last Re <b>/29/1996</b>	aport .
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		<del></del>	plied For
21		26				59-2176669		<del></del>	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	1
22		27						Fee Re	·
City & Stat		City & State	···			Election Campaign Financing     Trust Fund Contribution		00.6\$ t bebbA	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Curre	29	30	· <del>-</del> ···		Florida Statutes  10. Name and Address of New Re	Yes [		
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Bowers, Winfield S., Jr 549 North Park Avenue				20		75.6 5 10 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	1-1		
APOPKA FL 32703			·	82 63	Street Addr	ess (P.O. Box Number is Not Acceptat	 ле)		
							j. 40°,	···•	
				84	City		FL	85 Zip 0	1
SIGNATURE	Sign here typed of plant cannot registered a	1 Pont Lo				oration submits this statement for the pion's board of directors. I hereby accepted when renstating)  ADDITIONS/CHANGES TO OFFit	DATE	·	
FILE	P	DELETE	1.1 TF	TLE				Change	Addition
NAME	BOWERS, NED C		1.2 N/	AME					
STHEET ADDRESS	7400 LAKE OLA DRIVE		1.3 ST	REET /	ADDRESS				
COLY - ST - ZIP	MT. DORA FL	☐ DELETE		TY-ST	- ZIP			Change	Addition
T-11E NAME	V BOWERS JR, WINFIELD S		2.1 TÜ 2 2 N		1	•		L. Change	☐ Monition
STREET ADDRESS	549 NORTH PARK AVE				ADDRESS				Ì
CHY S1-76	APOPKA, FL 00000			ITY-S'	1	•			
mui	ST	☐ DELETE	3.1 Ti	TLE				Change	Addition
NAME	BOWERS, DOROTHY		3.2 N/						
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STREET ADDRESS					ADDRESS				ļ
CITY - ST - 71P				TY-ST					
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1 TLE NAME		LI DELECE	62 N/		}			red ordalia	LU NOVIIIII
STREET ADDRESS					ADDRESS				

6.4 CITY-ST-ZIP

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 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.

Ned Bowers

4-23-97

407-889-2613

SIGNATURE: X MERING TO THE PEQUIRED SKINATURE AND TYPED ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR