

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002935 (5)

1. Corporation Name

HLIFT HELICOPTERS INT'L LTD., INC.

Principal Place of Business

Mailing Address

51 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741

51 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	
06/24/1993	
4. FEI Number	Applied For
38-1887702	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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		10. Name and Address of New Registered Agent	
STUTESMAN, BURNELL O 51 N. HOAGLAND BLVD. KISSIMMEE FL 34741		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 Burnell O. Stutesman Burnell O. Stutesman 4-29-98  
Signature, typed or printed name of registered agent and the, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTESMAN, BURNELL O	1.2 NAME	
STREET ADDRESS	3447 CR 547 N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, GARY	2.2 NAME	
STREET ADDRESS	1481 CENTER SPRINGS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE OH 45068	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTESMAN, MARGARET	3.2 NAME	
STREET ADDRESS	3447 CR 547 N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTESMAN, DAVID	4.2 NAME	
STREET ADDRESS	3408 HAWKIN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34748	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTESMAN, DALE	5.2 NAME	CP & ST Stutesman, Dale
STREET ADDRESS	3443 CR 547 N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Stutesman, Lee
STREET ADDRESS		6.3 STREET ADDRESS	3447 C.R. 547 N.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Davenport, FL 33837

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 by an attachment with an address.

SIGNATURE: Dale R. Stutesman 4-29-98 407-846-2229

CR2E034 (10/97)