

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005536 (5)

1. Corporation Name

SCREAMING EAGLE AVIATION, INC.

Principal Place of Business

318 MAMIE STREET
CHOKOLOSKEE ISLAND FL

Mailing Address

318 MAMIE STREET
CHOKOLOSKEE ISLAND FL



2. Principal Place of Business

21 EVERGLADES CITY AIRPARK
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 482
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

4. FEI Number

65-0665289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

23 EVERGLADES CITY

27 City & State

28 EVERGLADES CITY, FL

24 Zip

33139

25 Country

COLLIER

29 Zip

34139

30 Country

COLLIER

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200A JOHN KNOX RD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

RONALD BREMBT

82 Street Address (P.O. Box Number is Not Acceptable)

1342 Colonial Blvd., Suite F 46

83

84 City

Fort Myers

FL

85 Zip Code
33907

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	APTE, JOHN	
STREET ADDRESS	PO BOX 482 (N/A)	
CITY - ST - ZIP	EVERGLADES CITY FL 33929	
TITLE	V	<input type="checkbox"/> DELETE
NAME	APTE, MARY L	
STREET ADDRESS	1671 INTERLACHEN ROAD	
CITY - ST - ZIP	SEAL BEACH CA 90740	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREMBT, RONALD	
STREET ADDRESS	1342 COLONIAL BLVD. SUITE F 46	
CITY - ST - ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/97

941 6953296

Daytime Phone #

0628750

CR2E034 (9/96)