FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F98000005519 1. Entity Name **GALAXY AIRCRAFT CORPORATION** DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 20801 BISCAYNE BLVD **401 N TRYON ST**

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02 OCT -1 PM 2: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

2. Principal Place of Business		3. Walling Addr	3. Mailing Address		- 1 .		$\sim 1 \sim 1$		
20801 BISCAYNE BLVD		401 N TRY	401 N TRYON ST			CARLATT			
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City & State		City & State	City & State		4. FEI Number		Applied For		
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Zip 33180	Oddiniy		•	\$8.75 Additional					
3316U	80 28255 Mecklenburg				Fee Required				
					7. Name and Address of	f Current Registered	Agent		
				Name CT COD	DOBATION OVOT				
DO NOT WRITE				CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD					
	IN THIS SI	PACE					·		
				City	ON	FL	Zip Code		
8. The abo	we named entity submits this statem	ant for the number of		<u> PLANATI</u>	UN	<u> </u>	33324		
	T al 3	ion for the purpose of			registered agent, or both,	in the State of Florida			
SIGNATURE	= Hale as n	PASSIA.	DALE W.		Section 1				
JIGNATOR	Signature, typed or printed name of rec	istered agent and title if	ASSISTANT VIC	E PRESIDENT	Agent signature required wher	- 	10/ / /2002		
	· · · · · · · · · · · · · · · · · · ·	Managarana da Santaga			Agent signature redutted wher	reinstating)	DATE		
9. This con	poration is eligible to satisfy its Intar		iary 1 - May 1 F Iter May 1, Fee		40 51-11-0		45.00		
	requirement and elects to do so. teria on back)	. 1	Amended UBR	s \$61.25	Truet Fund (mpaign Financing Contribution.	\$5.00 May Be		
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information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SI	G١	IAT	IJ	R	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. SMITH, SVP 10/ / /2002

704-388-2460

Date

Daytime Phone #