

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J38688** (4)  
1. Corporation Name  
**ATLAS AIRCRAFT CORPORATION**

Principal Place of Business  
**7400 NW 41ST ST.  
MIAMI FL 33166**

Mailing Address  
**7400 NW 41ST ST.  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/21/1986</b>	
4. FEI Number <b>59-2734172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>15333 Flight Path Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>15333 Flight Path Dr.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Brooksville, FL</b>	27 City & State 28 <b>Brooksville, FL</b>
24 Zip <b>34609</b>	25 Country <b>US</b>
29 Zip <b>34609</b>	30 Country <b>US</b>

9. Name and Address of Current Registered Agent

**MULLIS, HAROLD W., JR.  
2600 FIRST FLORIDA TOWER  
TAMPA FL 33602**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2700 Barnett Plaza</b>	
83 <b>101 East Kennedy Blvd.</b>	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33602</b>

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)

DATE

address change only

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLDER, HAROLD D., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>7400 NW 41 ST.</b>	1.3 STREET ADDRESS	<b>15333 Flight Path Dr.</b>
CITY-STATE-ZIP	<b>MIAMI FL</b>	1.4 CITY-STATE-ZIP	<b>Brooksville, FL 34609</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>100002624821</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/26/98--01004--006</b>
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	<b>***1100.00</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

*[Signature]* President

8/13/98 352 799-8882

CR2E034 (5/98)