

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

FILED  
May 11 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 # J69079 (8)  
1. Corporation Name  
REILLY AVIATION, INC.

Principal Place of Business  
231 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741

Mailing Address  
231 N. HOAGLAND BLVD.  
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2884978	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent TRACHTMAN & HENDERSON, P.A. 1990 W. NEW HAVEN AVE. 201 MELBOURNE FL 32904				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE															
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12													
TITLE	P REILLY, TOM							1.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	231 N. HOAGLAND BLVD							1.2 NAME													
STREET ADDRESS	KISSIMMEE FL							1.3 STREET ADDRESS													
CITY-ST-ZIP								1.4 CITY-ST-ZIP													
TITLE	S MASON, SHARON L.							2.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	231 N. HOAGLAND BLVD							2.2 NAME													
STREET ADDRESS	KISSIMMEE FL							2.3 STREET ADDRESS													
CITY-ST-ZIP								2.4 CITY-ST-ZIP													
TITLE								3.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								3.2 NAME													
STREET ADDRESS								3.3 STREET ADDRESS													
CITY-ST-ZIP								3.4 CITY-ST-ZIP													
TITLE								4.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME													
STREET ADDRESS								4.3 STREET ADDRESS													
CITY-ST-ZIP								4.4 CITY-ST-ZIP													
TITLE								5.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME													
STREET ADDRESS								5.3 STREET ADDRESS													
CITY-ST-ZIP								5.4 CITY-ST-ZIP													
TITLE								6.1 TITLE							<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								6.2 NAME													
STREET ADDRESS								6.3 STREET ADDRESS													
CITY-ST-ZIP								6.4 CITY-ST-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: Sharon L. Mason, Supplemental Agent 4/29/98 (4028497 34741)

CR2E034 (10/97)