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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 03-01-1999 90014 045 ***150.00

DOCU	MENT # K94536	3								
1. Corporation Name HELICOPTER CHARTER & TRANSPORT, INC.										
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9000 N. 18TH STREET 9000 N. 18TH STREET										
P. O. BOX 9097 P. O. BOX 9097					}					
TAMPA FL 3367	74	TAMPA FL 33604 US			<u> </u>	Data Inac	DO NOT W rporated or Qualife	RITE IN THIS	SPACE	
						06/06/1	989			
2. Principal Place of Business 2a. Mailing Address			۵.		4	FEI Numb	· ·		<u> </u>	oplied For
21 9000 N. 18th Street 26 9000 N. 18th St Suite, Apt. #, etc. Suite, Apt. #, etc.			Stre	et		<u>59-2969</u>	1/04		\$8.75	ot Applicable
— · · · · · · · · · · · · · · · · · · ·		├ - ¬				, Certifcate	of Status Desired			equired
		City & State				Election C	ampaign Financin			May Be
23 Tampa		28 Tampa, FL			6	•	d Contribution	g 🗀	Added	
Zip	Country	Zip	Country				pration owes the co	urrent vear Int		
33604	_ ·	29 33604-2004 30]		ſ°		Property Tax.		Yes	□No
24 33001	9. Name and Address of Currer		<u> </u>		10	Name an	d Address of Nev	Registered	Agent	
			81	Name						
	ARELLI, MICHAEL A		82	Ctroot	Addross /	D O Boy No	umber is Not Acce	ntable)		
9000 N. 18TH STREET			02	Sueet	Address (P.O. BOX N	Jiliber is NOT Acce	plable)		
TAM	PA FL 33604		83							
					_		_		05 7in	Codo
			84	City			•	FL	85 Zip (Code 04-2004
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized 					corporation	on submits t	his statement for t	ne purpose of	changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	Drized by	the corpo	oration's t	poard of dire	ctors. I hereby acc	cept the appoi	ntment as re	gisterea
-	m lamma wan and doop and dong									
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg	stered Ager	nt signature r	required when	reinstating)		DATE		
12.		ND DIRECTORS	13.		r	ADDITION	S/CHANGES TO (OFFICERS AN		
TITLE	PD	☐ DELETE 1.1 T							☐ Change	Addition
NAME	AZZARELLI, MICHAEL A		1.2 NAME				•			
STREET ADDRESS	9000 N. 18TH STREET			ADDRESS			22/01/00	0.1		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP	Tamp	oa, FL	33604-20	U4		
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STREET ADDRESS			2.3 STREET	ADDRESS	1]
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CITY-ST-ZIP		□ nei ete	4.4 CITY-5	T-ZIP	 			 	Change	☐ Addition
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NAME			5.3 STREET	LAUUDEse	1		,			
STREET ADDRESS			5.4 CITY-S		l					[
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-ZIF	 				☐ Change	Addition
TITLE		[] percir	6.2 NAME							
NAME STREET ADORESS				ADDRESS	l					. [

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 or an affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

BIGNING OFFICER OR DIRECTOR

1/27/99

933-2686