

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 29 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45662 (8)**

1. Corporation Name
AZZMAC HELICOPTER CENTER, INC.

Principal Place of Business 501 E KENNEDY BLVD. STE 1207 P O BOX 2918 TAMPA FL 33601-9918	Mailing Address 101 E KENNEDY BLVD S2500 TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/26/1990	3a. Date of Last Report 04/12/1994
4. FEI Number 59-3000843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9000 710 18 St. Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 9097 Suite, Apt. #, etc.
City & State 23 TAMPA, FL	City & State 27 TAMPA, FL
Zip 24 33604	Country 25 USA
Zip 29 33674	Country 30 USA

9. Name and Address of Current Registered Agent
**C. PHILIP CAMPBELL, JR.
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AZZARELLI, MICHAEL A.
STREET ADDRESS	934 CRENSHAW LAKE RD
CITY - ST - ZIP	LUTZ FL
TITLE	D
NAME	MCNELLYS, MICHAEL
STREET ADDRESS	7113 HAZELWOOD COURT
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	KEESLER, JANET A.
STREET ADDRESS	3001 PEACOCK LN
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	AZZARELLI, STEPHEN J.
STREET ADDRESS	3002 W CLEVELAND S-E5
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	AZZARELLI, THOMAS J.
STREET ADDRESS	2812 SAMARA DR
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NALLS, JOAN
STREET ADDRESS	3018 SAMARA DR
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: *Michael A. Azza...* **4-24-95** **813-931-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #