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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	CORPORATIONS			
DOCU 1. Corporatio	MENT # L551	68 (3)				
PRAT	T AVIATION, INC.					
Principal Place	e of Business	Mailing Address				
%ELEANOR		%ELEANOR PRATT				
	omegranate street River FL 34428	9729 W. POMEGRANA CRYSTAL RIVER FL 3				
	WIEI 1 C 94720	ONIGIAL HINER FE S	P1920	3. Date Incorporated or Qualified	3a. Date of Las	
2 Principal D	lace of Business	On Mailing Addison		03/02/1990	04/28/	- ,
2. FINIODAIF	idde or business	2a. Mailing Address 26		4. FEI Number 59-3058092	-	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , ,		\$8	Not Applicable 75 Additional
2		27		5. Certificate of Status Desired		ee Required
City & State	e	City & State		6. Election Campaign Financing	\$5	.00 May Be
Zip	Country	Zip	Couple	Trust Fund Contribution	AC	Ided to Fees
4	25	29	Country 30	8. This corporation has liability for it Florida Statutes		rs 199.032,
<u>-1</u>	9. Name and Address of Cur		_1001	10. Name and Address of New Ro		
			81 Name		<u> </u>	
	, ELEANOR		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	V. POMEGRANATE STREET					
CHYSI	'AL RIVER FL 32629		83			
			84 City		g==a 65	Zip Code
11 Pursuant	to the provisions of Sections 607.0	500 and 007 1500 Finish Dink			FL °°	
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familiar wi	red agent, or both, in the State of F ith, and accept the obligations of, S	turiua. Such criande was authorizi	80 by the comoration's hoa	ration submits this statement for the purp and of directors. Thereby accept the appo	oose of changing i intment as registe	ts registered office red agent. I am
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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: