

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L73101**

(2)

1. Corporation Name
ROTOR AVIATION, INC.

Principal Place of Business
**7987 MERCANTILE STREET N.E.
N FT MYERS FL 33917**

Mailing Address
**PO BOX 60063
FT MYERS FL 33907-6663
US**

FILED
Sep 17 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0261173		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country	29 Country	30		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	
9. Name and Address of Current Registered Agent O'DELL MICHAEL, D 1839 S.E. 2ND TERR CAPE CORAL FL 33990				10. Name and Address of New Registered Agent	
				81 Name O'Dell Michael D	
				82 Street Address (P.O. Box Number is Not Acceptable) 331 NE 17th ST	
				83	
				84 City CAPE CORAL FL 85 Zip Code 33909	

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 **Michael D O'Dell**
Signature, typed or printed name of registered agent and title if applicable

Michael D O'Dell
(NOTE: Registered Agent signature required when reinstating)

9/18/98
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKS, DAVID W.			1.2 NAME			
STREET ADDRESS	7987 MERCANTILE ST N E			1.3 STREET ADDRESS			
CITY-ST-ZIP	N FT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIMES, DENNIS			2.2 NAME			
STREET ADDRESS	6127 DEAR RUN S.W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'DELL, MICHAEL, D			3.2 NAME			
STREET ADDRESS	1839 SE 2ND TER			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLDING, CLAYTON			4.2 NAME			
STREET ADDRESS	11 ILLINOIS RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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: **Michael D O'Dell** **Michael D O'Dell** **941-574-5717**

CR2E034 (5/98)