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PROFIT CORPORATION ANNUAL REPORT

1997

CLOVER AIR CORP.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L78106

(6)

FILED May 12 1997 8:00am Secretary of State

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-	ice of Business	Mailing Address				DII ABILD BILL DIBER BIDER	#1#1) WIWIL #1#11	
C/O GREGORY P. NELSON 1900 OLD DIXIE HWY			% GREGORY P. NELSON					
		1900 OLD DIXIE H						
FT. PIERCE FL 34946-1497 US		US	FT. PIERCE FL 34946-1423 US			3. Date Incorporated or Qualified 3a. Date		Report
					06/06/1990	08/	/21/1996	
	Place of Business	2a. Mailing Addre	ess		4. FEI Number		A	pplied For
21				···-	65-0197020			lot Applicable
Suite, Ap	t #, eta	Suite, Apt. #,	etc.		5. Certificate of Status D	Pesired X		Additional
22		27					Fee F	lequired
City & St	ale	City & State			6. Election Campaign Fir			May Be
23		28			Trust Fund Contribution	·····		to Fees
Zιρ '‴ τ	Country	Zip	— —	ountry	8. This corporation has I	liability for intangible	e tax under	s. 199.032,
24	25	29	30		Florida Statutes 10. Name and Address (No	
	9. Name and Address of Curr	rent Negrstered Agent		B1 Name	10. Name and Address i	or New Hegistered	Agent	
	LSON, GREGORY P.			O Name				
	00 OLD DIXIE HWY. . Pierce fl 34946			82 Street Ad	ldress (P.O. Box Number is No	t Acceptable)	******************************	········
FI.	FIENCE PL 34940			83				
				83				
		•		84 City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
	of to the provisions of Sections 607.0					FL	-	
		ate of Florida. Such chan digations of, Section 607.	0000, 1101104	idialos.				
SIGNATURE	Soprome type dioriporited name of registered	agent and title if applicable.	(NOTE Regist	ered Agent signature rec	quired when reinstating)	DATE	IN DIRECTO	DC IN 12
12.	Significe: typed or ported name of registered OFFICERS A	agent and title if applicable. AND DIRECTORS	(NOTE Regist	ered Agent signature red		DATE		
12. Title	Significe typed or protect name of registered OFFICERS 7	agent and title if applicable.	(NOTE Regist	ered Agent signature rec 3.	quired when reinstating)	DATE	D DIRECTO	RS IN 12
12. THE NAVE	Signable Guid or posted name of registered OFFICERS / PD EGAN, BERNARD A.	agent and title if applicable. AND DIRECTORS	(NOTE Regist	ered Agent signature red 3. 1 TITLE 2 NAME	quired when reinstating)	DATE		
12. THE NAVE STREET ADDRESS	Starrose type doe period name of registered OFFICERS / PD EGAN, BERNARD A. 1900 OLD DIXIE HWY	agent and title if applicable. AND DIRECTORS	(NOTE Regist 1: LETE 1. 1. 1.	ered Agent signature rec 3. 1 TITLE 2 NAME 3 STREET ADDRESS	quired when reinstating)	DATE		
12. THE NAVE STREET ADDRESS CHY-ST-ZIP	OFFICERS A PD EGAN, BERNARD A. 1900 OLD DIXIE HWY FT. PIERCE FL 34946	agent and tills if applicable. AND DIRECTORS DE	(NOTE Regist) 1: (LETE 1.) 1.3 1.4	ered Agent signature rec 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	qured when reinstating) ADDITIONS/CHANGES	DATE	Change	Addition
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information indicated on this annual report or supportmental 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 eceiver 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 for an attachment with an address.

SIGNATURE: