

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L84657** (0)

1. Corporation Name

**NORMAN AVIATION, INC.**



Principal Place of Business

**222 ROYAL PALM WAY  
PALM BEACH FL 33480  
US**

Mailing Address

**222 ROYAL PALM WAY  
PALM BEACH FL 33480  
US**

3. Date Incorporated or Qualified  
**07/02/1990**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**34-1653109**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERICKSON, PAUL  
321 ROYAL PALM WAY  
222 ROYAL PALM WAY  
PALM BEACH FL 33480**

81

Name

**Erickson, Paul B.**

82

Street Address (P.O. Box Number is Not Acceptable)

**501 N. Highway A1A**

83

84

City

**Jupiter**

**FL**

85

Zip Code  
**33477**

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/6/96**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	<b>NORMAN, GREGORY J.</b>	
STREET ADDRESS	<b>P.O. BOX 1189</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>NORMAN, LAURA A.</b>	
STREET ADDRESS	<b>P.O. BOX 1189</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	<b>ERICKSON, PAUL</b>	
STREET ADDRESS	<b>321 ROYAL POINCIANA PLAZA</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>CLAPP, WILLIAM G.</b>	
STREET ADDRESS	<b>630 FIFTH AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>WOLF, KAREN</b>	
STREET ADDRESS	<b>222 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Norman, Greg</b>	
1.3 STREET ADDRESS	<b>501 N. Highway A1A</b>	
1.4 CITY-ST-ZIP	<b>Jupiter, Florida 33477</b>	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Norman, Laura</b>	
2.3 STREET ADDRESS	<b>501 N. Highway A1A</b>	
2.4 CITY-ST-ZIP	<b>Jupiter, Florida 33477</b>	
3.1 TITLE	C.O.O./VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Erickson, Paul B.</b>	
3.3 STREET ADDRESS	<b>501 N. Highway A1A</b>	
3.4 CITY-ST-ZIP	<b>Jupiter, Florida 33477</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 unchanged, or on an attachment with an address change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul B. Erickson**  
Chief Operating Officer  
and Vice President

Date

Daytime Phone #

CR2E034 (12/95)