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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33480-4303
US



3. Date Incorporated or Qualified 07/02/1990
3a. Date of Last Report 04/19/1996

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

2. Principal Place of Business

21 501 N HWY A1A
Suite, Apt. #, etc.

22 City & State
JUPITER, FL

23 Zip 33477 Country USA

24 33477 25 USA

2a. Mailing Address

26 501 N HWY A1A
Suite, Apt. #, etc.

27 City & State
JUPITER, FL

28 Zip 33477 Country USA

29 33477 30 USA

9. Name and Address of Current Registered Agent

ERICKSON, PAUL
501 N HWY A1A
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME NORMAN, GREGORY J.
STREET ADDRESS 501 N HWY A1A
CITY-ST-ZIP JUPITER FL

TITLE S
NAME NORMAN, LAURA A.
STREET ADDRESS 501 M HWY A1A
CITY-ST-ZIP JUPITER FL

TITLE COOV
NAME ERICKSON, PAUL
STREET ADDRESS 501 N HWY A1A
CITY-ST-ZIP JUPITER FL

TITLE AT
NAME CLAPP, WILLIAM G.
STREET ADDRESS 630 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE AT
NAME WOLF, KAREN
STREET ADDRESS 222 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97 801-743-8818

CR2E034 (9/96)