

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**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
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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
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3. Date Incorporated or Qualified 07/02/1990	3a. Date of Last Report 04/19/1996
4. FEI Number 34-1653109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 501 N A1A	2a. Mailing Address 26 501 N A1A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State JUPITER, FL	28 City & State JUPITER, FL
24 Zip 33477	25 Country USA
29 Zip 33477	30 Country 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DPT	<input type="checkbox"/> DELETE
NAME NORMAN, GREGORY J.	
STREET ADDRESS 501 N HWY A1A	
CITY-ST-ZIP JUPITER FL	
TITLE S	<input type="checkbox"/> DELETE
NAME NORMAN, LAURA A.	
STREET ADDRESS 501 M HWY A1A	
CITY-ST-ZIP JUPITER FL	
TITLE COOV	<input type="checkbox"/> DELETE
NAME ERICKSON, PAUL	
STREET ADDRESS 501 N HWY A1A	
CITY-ST-ZIP JUPITER FL	
TITLE AT	<input type="checkbox"/> DELETE
NAME CLAPP, WILLIAM G.	
STREET ADDRESS 630 FIFTH AVENUE	
CITY-ST-ZIP NEW YORK NY	
TITLE AT	<input type="checkbox"/> DELETE
NAME WOLF, KAREN	
STREET ADDRESS 222 ROYAL PALM WAY	
CITY-ST-ZIP PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: **[Signature]** DATE: **1/22/97** PHONE: **501-743-8818**

CR2E034 (9/96)