


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90040 006 ***150.00

0358139

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L84657 | | | | | |
| 1. Corporation Name NORMAN AVIATION, INC. | | | | | |
| Principal Place of Business 501 N A1A JUPITER FL 33477 US | | | Mailing Address 501 N A1A JUPITER FL 33477 US | | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 07/02/1990 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 34-1653109 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | 1.1 TITLE <input type="checkbox"/> DELETE | | | | |
| NAME | 1.2 NAME | | | | |
| STREET ADDRESS | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP | | | | |
| TITLE | 2.1 TITLE <input type="checkbox"/> DELETE | | | | |
| NAME | 2.2 NAME | | | | |
| STREET ADDRESS | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP | | | | |
| TITLE | 3.1 TITLE <input type="checkbox"/> DELETE | | | | |
| NAME | 3.2 NAME | | | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | | | | |
| TITLE | 4.1 TITLE <input checked="" type="checkbox"/> DELETE | | | | |
| NAME | 4.2 NAME AT | | | | |
| STREET ADDRESS | 4.3 STREET ADDRESS 630 FIFTH AVENUE | | | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP NEW YORK NY | | | | |
| TITLE | 5.1 TITLE <input type="checkbox"/> DELETE | | | | |
| NAME | 5.2 NAME | | | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | | | | |
| TITLE | 6.1 TITLE <input type="checkbox"/> DELETE | | | | |
| 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)