SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90018 025 ****70.00

DOCUMENT # N30874

1. Corporation Name
HELICOPTER REUNION ALUMNI ASSOCIATION INC.

604530 - 90018 - 25

Principal Place of Business	Mailing Address
938 SATSUMA CIRCLE 938 SATSUMA CIR. SWITZERLAND FL 32259 US	C/O EARL E. HOFFAY 938 SATSUMA CIR. SWITZERLAND FL 32259 US

2. Principal Place of Business
21 938 Satsuma Circle
Suite, Apt. #, etc. 22
City & State 23 Switzerland, FL
Zip 24 32259 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed
02/27/1989

4. FEI Number
59-2951555
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EARL E. HOFFAY
938 SATSUMA CIR.
SWITZERLAND FL 32259

10. Name and Address of New Registered Agent

81 Name NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOFFAY, EARL E.		1.2 NAME		
STREET ADDRESS	938 SATSUMA CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND FL 32259		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, ROGER T.		2.2 NAME		
STREET ADDRESS	P.O. BOX 688 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT TN 37821		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JANET		3.2 NAME		
STREET ADDRESS	5104 HOLLYCREST DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOFFAY, BARBARA		4.2 NAME		
STREET ADDRESS	938 SATSUMA CIR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND FL 32259		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BELLEMARE, DON		5.2 NAME		
STREET ADDRESS	6001 STILL RUN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC 27455		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 617, 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: Earl E. Hoffay **REQUIRED** 8-9-99 904 6303945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #