## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name N9/000000/28 (2)												
MERCY AIR INTERNATIONAL, INC.												
IVICTO I AIR INTERNATIONAL, INC.							I SPANSTUR NO	EMPEL 2001		1881 <b>8 8</b> 111 <b>8</b> 2	Prik <b>va</b> jaj 1 <b>60</b> 18	##### FB######
		,										
Principal Plac	e of Business	Mailing A	ddress						SEIL BEEL S	INDER MAINT DE	121 <b>40</b> 111 1 <b>0 5</b> 10	
3206 SOUTH HOPKINS AVE. STE 39 3206 SOUTH HOPKINS AVE.							3 Date Incorpor	ated or C	Tualifiad			
TITUSVILLE FL 32790 TITUSVILLE FL 32790						3. Date Incorporated or Qualified 02/06/1997						
							4. FEI Number				A	pplied For
							59-3	43	037	27	N	ot Applicable
· ·	lace of Business	2a. Mailing	g Address				5. Certificate of S	Status De	sired			Additional
Suite, Apt.	# etc.	26 Suite	Apt. #, etc.				0.51.0	,,				equired
22		27	, ipi, 11, 0101				6. Election Camp Trust Fund Co				<b>\$5.00</b> Added t	
City & State	e	City &	State				7. Is this nonprof					
23		28									Z No	
Zìp	Country	Zip		Count	ry		8. This corporation					
24	25	29		30			Personal Prop					<b>X</b> No
	9. Name and Address of Current	8	1 Nar		10. Name and Ad	idress of	New Re	gistered	Agent	··········		
TAVIOD	CEODOE E ID					-						
Taylor, george f jr. 1560 Bahama Street					2 Stre	et Addre	ess (P.O. Box Numbe	er is Not	Acceptab	le)		
TITUSVILLE FL 32780-5402					3			·	·		<del></del>	
111 OOVIEE 1 E 02700-3402				L								
				8	4 City					FL	85 Zip	Code
11. Pursuant i	es, the abo	ve-nam	ed corpo	oration submits this s	statement	for the p	urpose of	changing i	ts registered			
office or re agent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	Florida, Such ions of, Section	r ohange was a n/617.05 <b>23</b> , Fk	authorized b orida Statute	oy the c es.	orporation	on's board of directo	rs. I here	by accep	t the app	ointment as	registered
SIGNATURE	Heorse T		Kulor	1/2		7.7	D.			1-0	-98	′
	Signature, typed or printed name of pigistered agent		ie. (NOT		gent signa	ture require	d when reinstating)			DATE		
12.	OFFICERS AND	DIRECTORS	DELETE	V 13.			ADDITIONS/CH.	ANGES T	O OFFIC	ERS AND		
TITLE Name	PD Silen, ronald		TTI DETERE	1.1 TITLE							Change	Addition
STREET ADDRESS	3206 SOUTH HOPKINS AVE. S	TE 20		1.2 NAME	: T addres	_						
CITY-ST-ZIP	TITUSVILLE FL 32780	1L 03		1.4 CITY-		<b>"</b>						
TITLE	SD		DELETE	2.1 TITLE		<del> </del>					Change	Addition
NAME	SILEN, PETER			2.2 NAME								
STREET ADDRESS	3206 SOUTH HOPKINS AVE. S	TE 39		2.3 STREE	T ADDRES	s				•		
CITY-ST-ZIP	TITUSVILLE FL 32780			2. 4 CITY	-ST-ZIP	-						
TITLE	TD		☐ DELETE	3.1 TITLE						1.1.	Change	Addition
NAME	TAYLOR, GEORGE F JR.			3.2 NAME								
STREET ADDRESS	1560 BAHAMA ST			3.3 STREE	T ADDRES	s						}
CITY-ST-ZIP	TITUSVILLE FL 32780		Claries	3.4. CITY-	-ST-ZIP	4						<u> </u>
TITLE			DELETE	4.1 TITLE	_						Change	Addition
NAME STREET ADADECC				4. 2 NAME								
STREET ADDRESS					T ADDRES	۱"						
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 5.1 TITLE	o1-712						Change	Addition
NAME			<u> </u>	5.2 NAME							0.101190	and readings
Street address				5.3 STREE		s						
CITY-ST-ZIP				5.4 CITY-								
TITLE			DELETE	6.1 TITLE							Change	Addition
NAME				6.2 NAME								ĺ
STREET ADDRESS				6.3 STREE	T ADDRES	s						

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 charged, or on an attachment with an address

**FILED** 

Feb 04 1998 8:00am

Secretary of State