FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25955** **(6)**

1. Corporation Name
OMNIFLIGHT HELICOPTERS, INC.

Principal Place of Business
4650 AIRPORT PARKWAY
ADDISON TX 75248

Mailing Address
4650 AIRPORT PARKWAY
DALLAS TX 75248
US

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 01/30/1995
4. FEI Number: 75-2192527 ☐ 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
Suite, Apt. #, etc.
22
City & State
23 DALLAS, TX
Zip 24 Country 25

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

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PARKER, JOANN		1.2 NAME		
STREET ADDRESS	4650 AIRPORT PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX		1.4 CITY-ST-ZIP	DALLAS, TX	
TITLE	P	☐ DELETE	2.1 TITLE	CEO/DIRECTOR	☒ Change ☐ Addition
NAME	ARMSTRONG, C.J., JR.		2.2 NAME		
STREET ADDRESS	4650 AIRPORT PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX		2.4 CITY-ST-ZIP	DALLAS, TX	
TITLE	CFO	☐ DELETE	3.1 TITLE	CFO/DIRECTOR	☒ Change ☐ Addition
NAME	ROBINSON, WILBURN V		3.2 NAME		
STREET ADDRESS	4650 AIRPORT PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX		3.4 CITY-ST-ZIP	DALLAS, TX	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DALES, ALLEN		4.2 NAME		
STREET ADDRESS	4650 AIRPORT PRKY		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 25 JAN 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)