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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054135 Corporation Name

GULFSHORE HELICOPTERS. INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90037 050 ***150.00



Principal Place	of Business	Mailing Address					
11639 TIMBERLII	NE CIRCLE	11639 TIMBERLINE CIRCI	LE				•
FT MYERS FL 3		FT MYERS FL 33912			. DO NOT WRITE IN THIS S	PACE	
US	•	US			3. Date Incorporated or Qualifed		-
							·
					08/03/1993	Applie	d For
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		
26		26			65-0426375		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
-		27	27		5. Certificatio 5. Citation 2 Constitution 2 Consti	Fee Requi	
City & State			City & State		6. Election Campaign Financing \$5.00 May Be		
─ , '		28	28		Trust Fund Contribution Added to Fees		
23	Zin		Cou	intry	This corporation owes the current year Intangible		
Zip		29	30		Personal Property Tax.		
24	9. Name and Address of Curre		1331		10. Name and Address of New Registered A	gent	
	9. Name and Address of Curre			81 Name			1
WAT I	,	, , , , , , , , , , , , , , , , , , ,		\	(D.C. Bay Number is Not Acceptable)		
WALKER, ROBERT P GUL 11639 TIMBERLINE CIR				82 Street Address (P.O. Box Number is Not Acceptable)			
				83		O LOCAL DATE	1 5 1 6 6
FT MYERS FL 33912				00	公務性的 医特氏结肠 经时间 医断肠畸胎	医线线 网络 用	1 11. 14.1
				84 City	EI.	85 Zip Coo	ļ
		garan ayan arasa <u>arasa yan</u>		<u> </u>	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoir	changing its re-	ristered
.11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Sta	tutes, the a	above-named o	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoir	tment as regis	tered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was nations of Section 607.0505.	s authorize Florida Stat	tutes.	, add to both a brown of the br		
US agentia	im familiar with, and accept the obig	junono on account				·	<u>:</u>
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (No	OTE: Registere	d Agent signature re	quired when reinstating) DATE	D DIDECTOR	NA 42
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
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	WALKER, ROBERT P		1.2 N	IAME	• •		
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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.