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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000075464

1. Corporation Name
HAUG AVIATION, INC.

Principal Place of Business
 4900 US 1 N
 ST AUGUSTINE AIRPORT.. STE. 200
 ST AUGUSTINE FL 32095

Mailing Address
 4900 US 1 N
 ST AUGUSTINE AIRPORT.. STE. 200
 ST AUGUSTINE FL 32095



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1993		4. FEI Number 59-3348076		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees		
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

CARTER, DARLA A
69 S. DIXIE HWY.
B
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name **Kresge, Kenneth R CPA**
 82 Street Address (P.O. Box Number is Not Acceptable)
200 Malaga Str, Ste 1
 83 City **St. Augustine** **FL** 85 Zip Code **32095**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	DT
NAME	OTTESSEN, BJORN	1.2 NAME	Conere, Margaret
STREET ADDRESS	4900 US 1 N	1.3 STREET ADDRESS	4043 Diane Way
CITY-ST-ZIP	ST AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	Doylestown, Pa. 18901
TITLE	DP	2.1 TITLE	
NAME	HAUG, HEINZ JURGEN	2.2 NAME	
STREET ADDRESS	4900 US 1 N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	HAUG, LISE ANNE	3.2 NAME	
STREET ADDRESS	4900 US N. N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

20-04-99

Date

Daytime Phone #

CR2E034(11/98)