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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023849 (0)

ISLAND COPTERS, INC.

(0)

FILED Feb 03 1998 8:00am Secretary of State

, OLAN	OOI ILIIO, INO.				
Principal Plac	o of Business	Mailing Address			
		_	-		
OPA LOCKA AIRPORT 115 N.W. 32ND COURT BUILDING 137 MIAMI FL 33125			l		
MIAMI FL 3		mamii 1 2 99759	MIAMI TE GOTEG		DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualified
					03/29/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 JAMIAMI EXECUTIVE AICPORT 26					65-0477584 Not Applicable
Suite, Apt. #, etc. Suite, Apt. Suite, Apt. Suite, Apt. 27					5. Certificate of Status Desired S8.75 Additional
22 / 7 5 City & State		27	City & State		Fee Required
23 Mism) F1		28			6. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has paid the current year Intangible
24 33/8			30		Personal Property Tax due June 30. Yes No
e, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	NIGHT, JEFFERSON P		81	Name	
701 BRICKELL AVENUE SUITE 1200			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	IIAMI FL 33131		83		
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above	a-named co	
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 agen	and lifte if applicable (NO)	F: Registered Age	a) signature regi	ulred when reinstating) DATE
12.	OFFICERS AND		13.	. a.g. ca.a.o . a.q.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	BILLBERRY, JAMES R		1.2 NAME		
STREET ADDRESS	115 N.W. 32ND COURT		1.3 STHEET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY - S	T-ZIP	
TITLE	D	DELETE	2.1 TITLE	C	Change 🔲 Addition
NAME	JOFGO, CHARLES		2.2 NAME	5	Sofge, Charles
STREET ADDRESS	15640 BELLANCA LANE		2.3 \$1REE1		
CITY-ST-ZIP	WELLINGTON FL		2. 4 CITY - S	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY - S	1-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S1	I - ZIP	
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET	ADDRESS	
CITY-ST-ZIP		Delete	5.4 CITY - ST	- ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	i	
CITY-ST-ZIP	ortific that the intermetion a mali-	n Main Allinon observa man ancade : 4-	6.4 CITY-ST		Postine (40.07/0/C) Flacida Plandas I (all an activation at the state of the state
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.					