

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

FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000071834 (3)**

1. Corporation Name  
**HELICOPTER SERVICES OF ORLANDO, INC.**



Principal Place of Business <b>5519 W. IRLO BRONSON HWY KISSIMMEE FL 34746 US</b>	Mailing Address <b>5519 W. IRLO BRONSON HWY KISSIMMEE FL 34746-4719 US</b>
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3. Date Incorporated or Qualified <b>09/27/1994</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-3276411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

9. Name and Address of Current Registered Agent <b>VIOLETTE, RICHARD T JR 1011 POND APPLE CT. OVIEDO FL 32765</b>
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10. Name and Address of New Registered Agent <b>81 Name RICHARD T. VIOLETTE JR. 82 Street Address (P.O. Box Number is Not Acceptable) 109 SISSE COVE 83 84 City WINTER SPRINGS FL 85 Zip Code 32709</b>
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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 *Richard T. Violette Jr.* **RICHARD T. VIOLETTE JR.** **4-16-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE
NAME <b>VIOLETTE, RICHARD T. J</b>	
STREET ADDRESS <b>1011 POND APPLE COURT</b>	
CITY-ST-ZIP <b>OVIEDO FL</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE
NAME <b>VIOLETTE, SHERRI A.</b>	
STREET ADDRESS <b>1011 POND APPLE COURT</b>	
CITY-ST-ZIP <b>OVIEDO FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>VIOLETTE, RICHARD T. JR.</b>	
1.3 STREET ADDRESS <b>109 SISSE COVE</b>	
1.4 CITY-ST-ZIP <b>WINTER SPRINGS, FL. 32709</b>	
2.1 TITLE <b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VIOLETTE, SHERRI A.</b>	
2.3 STREET ADDRESS <b>109 SISSE COVE</b>	
2.4 CITY-ST-ZIP <b>WINTER SPRINGS, FL. 32709</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Richard T. Violette Jr.* **RICHARD T. VIOLETTE JR.** **4-16-97** **(407) 597-0226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)