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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000075513 (9)

1. Corporation Name  
HAMILTON AIRCRAFT COMPANY, INC.



Principal Place of Business  
10898 CRESCENDO CIRCLE  
~~SUITE 1803~~  
BOCA RATON FL 33498  
US

Mailing Address  
P O BOX 970427  
~~SUITE 1803~~  
BOCA RATON FL 33497-0427  
US

3. Date Incorporated or Qualified 10/11/1994  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business  
21 10898 Crescendo Circle  
Suite, Apt. #, etc.  
22 City & State Boca Raton, FL  
23 Zip 33498 Country USA  
24 33498 25 USA  
2a. Mailing Address  
26 Po Box 970427  
Suite Apt. #, etc.  
27 City & State Boca Raton, FL  
28 Zip 33497-0427 Country USA  
29 33497-0427 30 USA

4. FEI Number 59-3270121  
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

9. Name and Address of Current Registered Agent

HAMILTON, C W  
10898 CRESCENDO CIRCLE  
BOCA RATON FL 33498

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

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	HAMILTON, C.W.	1.2 NAME	C.W. Hamilton
STREET ADDRESS	3757 S ATLANTIC AVE., SUITE 1803	1.3 STREET ADDRESS	10898 Crescendo Circle
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	S	2.1 TITLE	S
NAME	HAMILTON, OLENE E.	2.2 NAME	Olene E. Hamilton
STREET ADDRESS	3757 S ATLANTIC AVE., SUITE 1803	2.3 STREET ADDRESS	10898 Crescendo Circle
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (561) 487-9391  
Date Daytime Phone

CR2E034 (9/96)