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May 05 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 # P94000080882 (1)

1. Corporation Name
HK AVIATION ASSOCIATES, INC.

Principal Place of Business
215 BEACHVIEW DRIVE
FORT WALTON BEACH FL 32547-2802

Mailing Address
215 BEACHVIEW DRIVE
FORT WALTON BEACH FL 32547-2802



3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3304642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent
HOOPER, PAUL C
215 BEACHVIEW DRIVE
FORT WALTON BEACH FL 32547-2802

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ST
NAME	HOOPER, PAUL C	1.2 NAME	HOOPER, PAUL C.
STREET ADDRESS	215 BEACHVIEW DRIVE	1.3 STREET ADDRESS	215 BEACHVIEW DR
CITY - ST - ZIP	FORT WALTON BEACH FL 32547-2802	1.4 CITY - ST - ZIP	FORT WALTON BEACH, FL 32547-2802
TITLE	ST	2.1 TITLE	P
NAME	HOOPER, KATIA C	2.2 NAME	HOOPER, KATIA C.
STREET ADDRESS	215 BEACHVIEW DRIVE	2.3 STREET ADDRESS	215 BEACHVIEW DR
CITY - ST - ZIP	FORT WALTON BEACH FL 32547-2802	2.4 CITY - ST - ZIP	FORT WALTON BEACH, FL 32547-2802
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APR 97

(904) 864-4375

CR2E034 (9/96)