

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020734
1. Corporation Name
ULTRA AVIATION INC.

Principal Place of Business

3081 W. PATRICK ST.

KISSIMMEE, FL 34741

Mailing Address

Po Box 422534

KISSIMMEE FL 34742

2. Principal Place of Business

21 3081 W. PATRICK ST.

Suite, Apt. # etc.

28. Mailing Address

26 Po Box 422534

Suite, Apt. # etc.

22

27

City & State

23 KISSIMMEE

City & State

Zip

24 34741

Country

25 OSCEOLA

28

City & State

Zip

29 34742

Country

30 OSCEOLA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
MAY 13, 1995

3a. Date of Last Report
4-31-96

4. FEI Number
65-0570612

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name PAUL F. CLAEKBOUT

82 Street Address (P.O. Box Number is Not Acceptable)
3081 N. PATRICK ST.

83

84 City KISSIMMEE FL Zip Code 34741

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

Paul F. Claebout PRESIDENT

4-31-97

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
111. TITLE	NAME	1.1 TITLE	1.2 Change <input type="checkbox"/> 1.3 Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	PAUL F. CLAEKBOUT
CITY, ST, ZIP		1.3 STREET ADDRESS	3081 N. PATRICK ST.
112. TITLE	NAME	1.4 CITY-ST-ZIP	KISSIMMEE FL 34741
NAME	STREET ADDRESS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
113. TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
114. TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
115. TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
116. TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
6.4 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 11907.5(X)(7), 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:

Paul F. Claebout Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500002189175
-05/23/97--01005--003

**165.00

4/31/97

407 923 1234

Daytime Phone #

CR2E034 (9/96)