

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033302 (7)

1. Corporation Name  
**DESK TOP AVIATION, INC.**



Principal Place of Business: 1585 AVIATION CTR PKWY HANGER 3 DAYTONA BEACH FL 32114  
Mailing Address: P O BOX 11781 DAYTONA BEACH FL 32120

3. Date Incorporated or Qualified: 04/24/1995  
3a. Date of Last Report: N/A  
4. FEI Number: 59-3306087  
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

2. Principal Place of Business: 21 1585 AVIATION CTR PKWY HANGER 3 DAYTONA BEACH FL 32114 USA  
2a. Mailing Address: 26 P.O. BOX 11781 DAYTONA BCH FL 32120 USA  
22 23 24 25 27 28 29 30

9. Name and Address of Current Registered Agent: HORNE, STEVEN J 1690 DUNN AVE SUITE 809 DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent: 81 Name: STEVEN J HORNE  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: DAYTONA BEACH FL 85 Zip Code: 32114

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: *Steven J Horne* STEVEN J HORNE 4/28/96  
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEVEN J HORNE
1.3 STREET ADDRESS	106 WILLET WAY
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL. 32119
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUSSELL HORNE
2.3 STREET ADDRESS	3106 SUNRISE DRIVE
2.4 CITY-ST-ZIP	HUBERTUS, WI. 53033
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	500001815976
5.3 STREET ADDRESS	-05/10/96--01003--047
5.4 CITY-ST-ZIP	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven J Horne* STEVEN J HORNE 4/28/96 756-8503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)