FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Aug 08 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 # P95000051856 (9)

1. Corporation Name
Lloyd Helicopter, Inc.

Principal Place of Business
1575 West Commercial Blvd.
Hangar 34 Executive Airport
Fort Lauderdale FL 33309

Mailing Address
Same

AMENDED

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business
21 PO Box 260879
Suite, Apt. #, etc 22
City & State 23 Pembroke Pines FL
Zip 24 33026 Country 25 USA

2a. Mailing Address
26 P.O. Box 260879
Suite, Apt. #, etc 27
City & State 28 Pembroke Pines FL
Zip 29 33026 Country 30 USA

4. FEI Number: 65-0607836 ☐ 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
J. Kent Post III
Hangar 34, Executive Airport
1575 W. Commercial Blvd.
Fort Lauderdale FL 33309

10. Name and Address of New Registered Agent
81 Name: Lance P. Mirren, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Pine Island Road #206
83
84 City: Plantation FL 85 Zip Code: 33324

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] 7/11/97
Signature of, and printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS	☐ DELETE	1.1 TITLE	DPTS	☒ Change ☐ Addition
NAME	Lloyd, Christopher C		1.2 NAME	Lloyd, Christopher C	
STREET ADDRESS	1575 W. Commercial Blvd. Hangar 34		1.3 STREET ADDRESS	PO Box 260879	(N/A)
CITY-ST-ZIP	Fort Lauderdale FL 33309		1.4 CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	Lloyd, Terrence P		2.2 NAME	Lloyd, Terrence P.	
STREET ADDRESS	1575 W. Commercial Blvd. Hangar 34		2.3 STREET ADDRESS	PO Box 260879	(N/A)
CITY-ST-ZIP	Fort Lauderdale FL 33309		2.4 CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE	VP	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	Post, Joseph Kent III		3.2 NAME	Post, Joseph Kent III	
STREET ADDRESS	1575 W. Commercial Blvd. Hangar 34		3.3 STREET ADDRESS	PO Box 260879	(N/A)
CITY-ST-ZIP	Fort Lauderdale FL 33309		3.4 CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		PE 8.8
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002266290	
STREET ADDRESS			6.3 STREET ADDRESS	-08/13/97--01038--024	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E034 (9/96)

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] 7/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #