
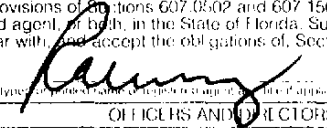
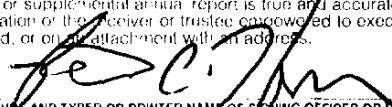


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000004808 1. Corporation Name  VOLPAR AIRCRAFT CORP.			
Principal Place of Business 5601 NW 15TH AVE FT. LAUDERDALE, FL 33309		Mailing Address   DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite Apt #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1/12/96	4. FEI Number Applied For <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ARLINE GARGER 5601 NW 15TH AVE FT. LAUD. FL. 33309		10. Name and Address of New Registered Agent 81 Name ROBERT M. TERRY 82 Street Address (P.O. Box Number is Not Acceptable) 1000 SW 12 ST. #305 83 84 City FT. LAUDERDALE FL 85 Zip Code 33315	
11. Pursuant to the provisions of Sections 607.0302 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. X SIGNATURE  DATE 4-27-98			
12. OFFICERS AND DIRECTORS TITLE P/D NAME ROBERT TERRY STREET ADDRESS 1000 SW 12 ST #305 CITY-ST-ZIP FT. LAUD. FL 33315 TITLE STD NAME PETER HEARN STREET ADDRESS 1000 SW DAVIE BLVD #305 CITY-ST-ZIP FT. LAUD. FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP 47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP 59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP 63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP	
14. I 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:  Peter Hearn 4/20/98 662-427 8063 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #			

CR2E034 (10/97)