

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

**FILED**

**Jan 20 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 # P96000008614 (5)**  
1. Corporation Name  
**SUN WEST AVIATION, INC.**



Principal Place of Business Mailing Address  
**46 KIPLING PLAZA CLEARWATER FL 34630** **46 KIPLING PLAZA CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **2901 34 st N**  
22 City & State 27 **St Pek FL**  
23 Zip 24 **33713** 25 Country 29 **Pinkville** 30

3. Date Incorporated or Qualified  
**01/23/1996**  
4. FEI Number **65-0639911** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**NIELSEN, KRISTIAN T  
46 KIPLING PLAZA  
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SOULLIERE, GREGORY G</b>              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1963 COBBLESTONE WAY</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CLEARWATER FL 34620</b>               | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NIELSEN, KRISTIAN T</b>               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>46 KIPLING PLAZA</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>CLEARWATER FL 34630</b>               | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARDENBROOK, DAVID E</b>              | 3.2 NAME  |   |
| STREET ADDRESS             | <b>6666 56TH AVE N</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ST PETERSBURG FL 33709</b>            | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| 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 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; that I am a partner 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 of an attachment with an address.

SIGNATURE: \_\_\_\_\_ Jan 5 97 813 328 SDUO

CR2E034 (10/97)