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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022750** (9)

WORLD HELICOPTERS, INC.

Principal Place of Business

Mailing Address

FILED

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SLORETARE OF STATE TALLAHASSEE, FLORIDA



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20505 US 19 N #12346 CLEARWATER FL 34624				20505 US 19 N #12346 CLEARWATER FL 34624-6001							
								3. Date Incorporated or Qualifie		ate of Las	. '-
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 59-339	8649		Applied For
21 Suite Ant	# 616	26					-44-00-202873	27/21	<u>   _</u>	Not Applicable	
Suite, Apt.		27					5. Certificate of Status Desired		• -	5 Additional Required	
City & Stat 23	6 7		28	ty & State				Election Campaign Financing     Trust Fund Contribution		•	00 May Be ed to Fees
Zip <b>24</b>	25	ountry	<b>29</b>	р	Count	try		This corporation has liability f Florida Statutes		tax unde	r s. 199.032,
	9. Name and A	Address of Cu	rrent Register	ed Agent				10. Name and Address of New			
DU\	/AL, SMILE			15	8	H	Name				
DUVAL, SMILE 20505 US 19 N #12346 CLEARWATER FL 34824  CLEARWATER FL 34824						82 Street Address (P.O. Box Number's Not Acceptable)					
				C F KOL	, <sub>1</sub> 8	3			· ———	· · · · · · · · · · · · · · · · · · ·	
				(1)	<i>)</i>	4	City		FI_	85 Z	μο Çode
Office of t	to the provisions of registered agent, or arm familiar with, and	r both. In the S	tate of Florida.	Such chance was	- Buthorized 1	ħν	the corpor	rporation submits this statement for that alion's board of directors. I hereby according to the control of the	purpose of cept the app	changin ointment	g its registered as registered
SIGNATURE	Signature, typed or printe	od name olekojstaro	d agent and tills if ur	notice blue	TE: Desirtared A	lane	nl o goglero son	pured when reinstating)			
12,	Dig state types of prince		AND DIRECTO		13.	(Deal	ii signatore req	ADDITIONS/CHANGES TO OF	DATE ICERS AND	DIRECT	ORS IN 12
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NAME	Richard 20505 U. Clearwat	Naylor		,	1.2 NAM	E					
STREET ADDRESS	20505 U.	s, 19° N°,	# 12345	<b>'</b>	1.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	Clearwat	er, FL	34629	<u>L</u>	1.4 CITY	- ST	- ZIP				
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NAME					2.2 NAM	E					
STREET ADDRESS					2.3 STRE	ETA	ADDRESS	900002 -07/2	<u> </u>	34:	<u> </u>
CITY-ST-ZIP					2. 4 CITY	S	I-ZIP	ግሀ ( / ሬ. ተቀቀቀ	65.00	11 UD41	016 016
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NAME					3.2 NAMI	E					!
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CITY-ST-ZIP					3.4. CITY	-SI	I-ZIP				
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CITY-ST-ZIP				No. 222	5.4 CITY	_	- ZIP				
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STREET ADDRESS					6 3 STREI	ET A	DORESS		M	(I)	
CITY-ST-ZIP					6 4 CITY-				17	<u> </u>	
<ol><li>14. I do heret</li></ol>	ov certify that the in	nformation sub-	olied with this to	iling does not qual	ify for the ex	ϖ	notion state	ed in Section 119 07(3)(i) Florida Statu	les V filthe	certify th	at the

1. 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 Statules. Lightly 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 effects if made under oath; that I am an officer or director of the proporation 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.