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 # P96000023715 (1)

MID-FLORIDA EXPERIMENTAL AIRCRAFT SALES, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 03/13/1996 2. Principal Place of Business 2a. Mailing Address 4. Fig. Number 25 06 9 07 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 23 1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation and submits the statement	□No
2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 25	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees a tax under s. 199.032, No
Solite, Apt. #, etc. Solite, Apt. #, etc.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees a tax under s. 199.032, No
Solite, Apt. #, etc. 22 City & State City & State 28 Country Zip Country 29 Name and Address of Current Registered Agent SCHEURER, ROBERT L 2001 BRINSON RD UNIT 305 LUTZ FL 33549 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation has liability for intangible Florida Statutes Yes 10. Name and Address of New Registered 81 Name Streel Address (P.O. Box Number is Not Acceptable) 83 84 City FL	\$5.00 May Be Added to Fees a tax under s. 199.032,
City & State Trust Fund Contribution Trust Fund Contribution Country 8. This corporation has liability for intangible Florida Statutes Florida Statutes Yes P. Name and Address of New Registered SCHEURER, ROBERT L 2001 BRINSON RD UNIT 305 LUTZ FL 33549 81 Name Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL	Added to Fees a tax under s. 199.032, No
Zip Country Zip Country 30 Solution has liability for intangible Florida Statutes Yes Florida Statutes Yes Name and Address of Current Registered Agent SCHEURER, ROBERT L 2001 BRINSON RD UNIT 305 LUTZ FL 33549 8. This corporation has liability for intangible Florida Statutes Yes Name and Address of New Registered Name Street Address of New Registered Registered Scheure Scheure Scheure Robert L Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL	a tax under s. 199.032,
25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 5. Name and Address of New Registered SCHEURER, ROBERT L 2001 BRINSON RD UNIT 305 LUTZ FL 33549 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	□No
9. Name and Address of Current Registered Agent SCHEURER, ROBERT L 2001 BRINSON RD UNIT 305 LUTZ FL 33549 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 B4 City	Agent
2001 BRINSON RD UNIT 305 LUTZ FL 33549 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
LUTZ FL 33549 B3 B4 City FL	
LUTZ FL 33549 B3 B4 City FL	
B4 City FL	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutas, the above comed exposition at horizontal had been seen as a first this determinant.	85 Zip Code
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 appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	f changing its registered pointment as registered
SIGNATURE Signature, typod or printed name of registered agent and attel 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DIDECTORS IN 40
TITLE DELETE 1.1 TITLE DIrector	Change Addition
NAME 12 NAME PORTOT / C	
NAME 1.2 NAME 1.2 NAME ROBERT L SCHEURER 1.3 STREET ADDRESS CITY. ST. 219 1.4 CITY. ST. 219 1.4 CITY. ST. 219	
CITY-ST-ZIP 4-72 FL 33549	05
TITLE DELETE 21 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
TALE DELETE 31 TITLE	Change Acdition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
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	
STREET ADDRESS 5.3 STREET ADDRESS	į
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 61 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
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 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 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; a appears in Block 12 or Block 13 if changed, or on an attachment with an address.	