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

Mailing Address
218 BASE AYENUE

VENICE FL 34285-3916

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

218 BASE AVENUE

VENICE FL 34285



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

(96/6)

Daytimo Prione #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024592 (3)

FLORIDA SUNSET AVIATION, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zio This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOONE, STEPHEN K ESQ. 1001 AVENIDA DEL CIRCO 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34285 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typica or printed harrist of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition HILE GRAHOVAC, ALEXANDER R 1.2 NAME NAME 218 BASE AVENUE 1.3 STREET ADDRESS STREET ADDRESS VENICE FL 34285 1.4 CITY-ST-ZIP CCTY+ST-ZIP VTD DELETE 2.1 TITL€ Change Addition THIE TOLLOCH, HORST NAM: 2.2 NAME 218 BASE AVENUE STREET ADDRESS 2.3 STREET ADDRESS VENICE FL 34285 2.4 CITY-ST-ZIP CITY-ST-7IP CD2 DELETE 3.1 TITLE Change Addition TOTAL **BODE-GRAHOVAC, ILSE** NAME 3.2 NAME 218 BASE AVENUE 3.3 STREET ADDRESS STREET ADDRESS VENICE FL 34285 3.4. CITY-ST-2IP CHY-ST-ZP Addition DELETE Change 4.1 TIFLE THEE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-7P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY: \$1-20P 5.4 CITY-ST-ZIP DELETE Channe Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-ZiP

14. I do hereby certify that the information supplied with this filling 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.