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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041103 (8)

1. Corporation Name
K.F.H. AVIATION, INC.



Principal Place of Business Mailing Address
1001 AVENIDA DEL CIRCO 1001 AVENIDA DEL CIRCO
VENICE FL 34285 VENICE FL 34285-4107

3. Date Incorporated or Qualified 3a. Date of Last Report
05/06/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 26 65-0671630 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 \$8.75 Additional Fee Required
City & State City & State
23 28 \$5.00 May Be Added to Fees
Trust Fund Contribution
24 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BOONE, E G ESO 81 Name
1001 AVENIDA DEL CIRCO 82 Street Address (P.O. Box Number is Not Acceptable)
VENICE FL 34285 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETED 1.1 TITLE SAME
NAME HOFFMANN, FRANK 1.2 NAME
STREET ADDRESS 1001 AVENIDA DEL CIRCO 1.3 STREET ADDRESS
CITY-ST-ZIP VENICE FL 34285 1.4 CITY-ST-ZIP
TITLE STD DELETED 2.1 TITLE SAME
NAME HOFFMANN, KATRIN 2.2 NAME
STREET ADDRESS 1001 AVENIDA DEL CIRCO 2.3 STREET ADDRESS
CITY-ST-ZIP VENICE FL 34285 2.4 CITY-ST-ZIP
TITLE D DELETED 3.1 TITLE D
NAME GAFF, ROBERT M 3.2 NAME
STREET ADDRESS 218 BASE AVENUE ADDRESS CHANGE 3.3 STREET ADDRESS
CITY-ST-ZIP VENICE FL 34285 3.4 CITY-ST-ZIP 116 ALBA ST, EAST
4.1 TITLE VENICE, FLA 34285
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: [Signature] DATE: 2-18-97 DAYTIME PHONE: 941-488-6716

CR2E034 (9/96)