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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000070653					
1. Corporation Name OVINGTON AVIATION, INC.					
Principal Place of Business 1111 W NEWPORT CENTER DR DEERFIELD BEACH FL 33442 US			Mailing Address 1111 W NEWPORT CENTER DR DEERFIELD BEACH FL 33442 US		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/23/1996					
2. Principal Place of Business 21 18751 SE Crosswind Suite, Apt. #, etc.				2a. Mailing Address 26 18751 SE Crosswind Suite, Apt. #, etc.	
22 City & State Jup. Fla FL				27 City & State Jup. Fla FL	
23 Zip 33478				28 Country FL	
24 33478				25 FL	
9. Name and Address of Current Registered Agent HORNSTEIN, MICHAEL B 1111 W NEWPORT CENTER DR SUITE 2500 DEERFIELD BEACH FL 33442					
10. Name and Address of New Registered Agent 81 Name Guenther Posch 82 Street Address (P.O. Box Number is Not Acceptable) 18751 SE Crosswind 83 84 City Jup. Fla					
85 Zip Code 33478					
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] Vice Pres 3/9/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED Vice Pres.** **3/9/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)