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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000077208 (2)

SUN-AIR HELICOPTERS, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				18411691 118 18118 88111 88111 88111 88111	# 1881 1881 1881 8481 8848 1814 1881	
446 S AIRPORT ROAD 446 S AIRPORT ROAD						
LAKE WALES FL 33853 LAKE WALES FL 33853					DO NOT WRITE IN T	THIS SPACE
US					3. Date Incorporated or Qualified	TIIS OF ACE
					09/16/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 154	7 Stute RD. 64 W	20, 64 W 26 /547 State Re			59-3400881	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
27				_,,	J. Continuate of Charles Debited	Fee Required
23 AUON PARIC FL 28 AUON PORK				FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 338	Country 25 USA	29 33825 3	Countr	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible
	9. Name and Address of Current		<u>-1</u>		10. Name and Address of New Registe	
HILL, EDDIE L				Name		
ATAA MORTH DIGHTED DOAD				Street Ad	dress (P.O. Box Number is Not Acceptable)	
AVON PARK FL 33825			83		area (1.6. dex Harristi la Harristia)	
			84	City	ſ	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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						se of changing its registered
SIGNATURE						
Signature typed or printed name of registered agent and title if applicable (NOTE: Registere				gont signature req	·	ATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	·····	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 :
TITLE NAME	•	ב_ן טנננונ	1.1 TITLE 1.2 NAME			L Change L Addition
STREET ADDRESS	HILL, EDDIE L 1796 N PIONEER RD			T ADDRESS		
CITY-ST-ZIP	ALCOH PARKET		1.4 CITY-			
TITLE	VP VP	DELETE	2.1 TITLE	31-2F		Change Addition
NAME	WATERS, GREGORY A	•	2.2 NAME			
STREET ADDRESS	*** **** **** ****		2 3 STREE	T ADDRESS		
CITY-ST-ZIP	A S MA MATERIA DE LA SA ARRA DE MATERIA DE M		2. 4 CITY-	-ST-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME	32 M		3.2 NAME			,
STREET ADDRESS	ADDRESS 3.3		3.3 STREE	T ADDRESS		į
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	I		
STREET ADDRESS				1 ADDRESS	÷	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		Change Addition
NAME		C Appell	5.2 NAME	1		ET OURSING ET MONIGOT
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	İ		
STREET ADDRESS			63 STRE€	T ADDRESS		Ì
CITY-ST-ZIP			64 CITY-			
14. Thereby c	ertify that the information supplied with	this filma does not qualify for t	he exemi	otion stated in	in Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the information

indicated on this armual report or supplemental armual 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 apparticulation with an address.