

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 96000083776 1. Corporation Name <b>American Logistics Aviation, Inc.</b>			
Principal Place of Business		Mailing Address	
483 20th Ave Indian Rocks Beach, Fl 34635			
2. Principal Place of Business		2a. Mailing Address	
21	same	26	same
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81	Name Derek Minor
		82	Street Address (P.O. Box Number is Not Acceptable) 483 20th Ave
		83	
		84	City Indian Rocks Beach
		85	Zip Code FL 34635
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		DATE May 10 1997	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	Derek Minor	1.2 NAME	
STREET ADDRESS	483 20th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Indian Rocks Beach, Fl 34635	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Pres
NAME	Robert L Minor	2.2 NAME	Robert L Minor
STREET ADDRESS	561 Sloop Ln	2.3 STREET ADDRESS	231 Robin Dr.
CITY-ST-ZIP	Long Boat Key, Fl 34228	2.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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		Date May 10, 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)