COF	PROFIT RPORATION UAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS		May 16 1997 8:00a Secretary of State		
SECON	D WIND AVIATION be of Businoss DRIVE	Mail 9 AM	217 (8) Ing Address BLESIDE DRIVE EAIR FL 34616-1909				
					3. Date incorporated or Qual 12/02/1996		of Last Report
Principal F	Place of Business	28. ¹ 26	Mailing Address		4. FEI Number 59-34305	541	Applied For Not Applicabl
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire		8.75 Additional
City & Sta	te	27	City & State		6. Election Campaign Finance		Fee Required \$5.00 May Be
Zip	Coun	28	7ip	Country	Trust Fund Contribution		Added to Fees
2φ	25	29	, it)	30	 8. This corporation has liabili Florida Statutes 	ty for intangible tax	
018	9, Name and Addi	ress of Current Registe	ored Agent		10. Name and Address of Ne	ew Registerød Age	ent
				84 City			5 Zip Code
office or agent. I a	registered agont, or bo	ctions 607.0502 and 607 th, in the State of Florida copt the obligations of t	Such change was i	es, the above-named cor authorized by the corpora	poration submits this statement fo tion's board of directors. I hereby	r the purpose of ch	anging its registered
office or	registered agont, or bo em familiar with, and ac Signature, typed or printed na	th, in the State of Florida copt the obligations of t meet registered agent and the if	a. Such change was a Section 607.0505, Flo applicable (NOT	es, the above-named cor authorized by the corpora prida Statutes.	ifion's board of directors. I hereby	FL r the purpose of ch accept the appoint	anging its registered tment as registered
office or agent. I a GNATURE	registered agent, or bo am familiar with, and ac Signature, typed or printed ra	Ih, in the State of Florida copt the obligations of the orregistered agent and task if OFF ICERS AND DIRECT	a. Such change was a Section 607.0505, Flo applicable (NOT	es, the above-named cor authorized by the corpora prida Statutes.	ition's board of directors. I hereby	PL r the purpose of ch accept the appoint DATE OFFICERS AND D	anging its registered tment as registered RECTORS IN 12
office or agent. I a GNATURE	registered agont, or bo am familiar with, and ac Signature, lyped or printed na	th, in the State of Florida scopt the obligations of a ne of registered agent and tex. If OFF ICERS AND DIRE CT AM B). Such change was a Section 607.0505, Fit applicable (NOT ORS	es, the above-named cor authorized by the corpore prida Statutes. E Repisied Agent signature req. 13	ifion's board of directors. I hereby	PL r the purpose of ch accept the appoint DATE OFFICERS AND D	anging its registered tment as registered RECTORS IN 12
office or agent. 1 a GNATURE LE ME KEET ADDRESS Y-ST-ZIP	registered agent, or bo am familiar with, and ac Signature, typed or printed na PSD ALLBRIGHT, WILLI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit anni-calle (NOT ORS DELETTE	es, the above-named cor authorized by the corpore prida Statutes. E. Represent Agent signature required 13. 1.1 THLE 1.2 NAME 1.3 \$TREET ADDRESS 1.4 CHY-ST-7/P	ifion's board of directors. I hereby	DATE	Anging IIs registered tment as registered RECTORS IN 12 Change Additio
office or agent. I a SNATURE E E E E E E E E E E E E	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE). Such change was a Section 607.0505, Fit applicable (NOT ORS	es, the above-named cor authorized by the corpore prida Statutes. E. Reprised Agent signature requ 13. 1.1 THLE 1.2 NAME 1.3 \$TREET ADDRESS	ifion's board of directors. I hereby	DATE	Anging IIs registered timent as registered RECTORS IN 12 Change Additio
office or agent. I a SINATURE E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit anni-calle (NOT ORS DELETTE	es, the above-named con authorized by the corpore prida Statutes. E Reposeed Agent signature required 13, 1.1 full 1.2 NAME 1.3 \$TREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 \$TREET ADDRESS	ifion's board of directors. I hereby	DATE	Anging IIs registered tment as registered RECTORS IN 12 Change Additio
office or agont. I a 3NATURE E AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit anni-calle (NOT ORS DELETTE	es, the above-named con authorized by the corpore prida Statutes. E Reposed Agent signature required 13, 1.1 fillt 1.2 NAME 1.3 \$TREE1 ADDRESS 1.4 CITY-ST-ZIP 2.1 TIN F 2.2 NAME	ifion's board of directors. I hereby	DATE	anging its registered Imeni as registered RECTORS IN 12 Change Additio
office or agent. I a BNATURE E A A E E A E E E A E E E A D R E E A D R E E A D R E E A D R E E A D R E E A D R E S A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A A D R E S A S A S A S A S A S A S A S A S A S	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricate (NOT ORS DELETE	es, the above-named con authorized by the corpore prida Statutes. E Repeated Agent signature required 13, 1.1 fill.F 1.2 NAME 1.3 \$TREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THEF 2.2 NAME 2.3 \$TREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THEF 3.2 NAME	ifion's board of directors. I hereby	DATE	anging its registered Imeni as registered RECTORS IN 12 Change Additio
office or agont. I a 3NATURE E E E E E E E E E E E E E E E E E E	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricate (NOT ORS DELETE	es, the above-named con authorized by the corpore prida Statutes. E Repeated Agent signature required 13, 1.1 Titlet 1.2 NAME 1.3 \$TREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THEF 2.2 NAME 2.3 \$TREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 \$TREET ADDRESS	ifion's board of directors. I hereby	DATE	Anging its registered
office or agent. I a BINATURE E AR EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricate (NOT ORS DELETE	es, the above-named con authorized by the corpore prida Statutes. E Repeated Agent signature required 13, 1.1 fill.F 1.2 NAME 1.3 \$TREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THEF 2.2 NAME 2.3 \$TREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THEF 3.2 NAME	ifion's board of directors. I hereby	The purpose of ch accept the appoint DATE OFFICERS AND DI	Anging its registered rment as registered RECTORS IN 12 Change Additio Change Additio
office or agent. I a 3NATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricative (NO) ORS DELETE	es, the Blove-named con authorized by the corpore prida Statutes. E Repetend Agent signature required 13, 1.1 fillt 1.2 NAME 1.3 \$IREET ADDRESS 1.4 CHY-ST-7/P 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7/P 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7/P 4.1 THE 4.2 NAME	ifion's board of directors. I hereby	The purpose of ch accept the appoint DATE OFFICERS AND DI	Anging its registered rment as registered RECTORS IN 12 Change Additio Change Additio
office or agont. I a 3NATURE E E E E E E E E E E E E E E E A E E E T ADRESS (-ST-ZIP E E E T ADRESS (-ST-ZIP E E E T ADRESS E E E T ADRESS E E E T ADRESS E E E T ADRESS E E E T ADRESS E E E E T ADRESS E E E E T ADRESS E E E E E T ADRESS E E E E T ADRESS E E E E T ADRESS E E E E E T ADRESS E E E E E E E E E E E E E E E E E E	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricative (NO) ORS DELETE	es, the above-named con authorized by the corpore prida Statutes. E. Repeared Agent signature required 13, 1.1 Titlet 1.2 NAME 1.3 ŞTREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TIRE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TIRE	ifion's board of directors. I hereby	The purpose of ch accept the appoint DATE OFFICERS AND DI	Anging its registered rment as registered RECTORS IN 12 Change Additio Change Additio
office or agont. I a 3NATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was Section 607.0505, Fit enricative (NO) ORS DELETE	es, Ihe Blove-named con authorized by the corpore orida Statutes. E Repetend Agent signature req. 13, 1.1 JULE 1.2 NAME 1.3 \$IREET ADDRESS 1.4 (JIY-ST-7/P 2.1 TINE 2.4 (JIY-ST-7/P 3.1 TINE 3.2 NAME 3.3 STREET ADDRESS 3.4 (JIY-ST-7/P 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 3.4 (JIY-ST-7/P 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 4.4 (JIY-ST-7/P 5.1 TINE	ifion's board of directors. I hereby	PL I r the purpose of ch accept the appoint DATE OFFICERS AND DI	Anging its registered rmeni as registered RECTORS IN 12 Change Additio Change Additio Change Additio
office or agent. I a 3NATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was i Section 607.0505, Fit enricative (NO) ORS DELETE DELETE DELETE DELETE	CS. The Blove-named con authorized by the corpore prida Statutes. CRepetend Agent signature requires. 13, 11 JULE 12 NAME 13 \$TREET ADDRESS 14 CITY-ST-7IP 21 TINLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TINLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-7IP	ifion's board of directors. I hereby	PL I r the purpose of ch accept the appoint DATE OFFICERS AND DI	Anging its registered rment as registered RECTORS IN 12 Change Additio Change Additio Change Additio
office or agent. I a GINATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was s Section 607.0505, Fit enricative (NO) (ORS DELETE DELETE DELETE DELETE DELETE DELETE	es, Iho plove-named con authorized by the corpore orida Statutes. E Repetend Agent signature req. 13, 1.1 JILE 1.2 NAME 1.3 \$IREET ADDRESS 1.4 ¢ITY-ST-7IP 2.1 TINE 2.4 ¢ITY-ST-7IP 3.1 TINE 3.2 NAME 3.3 STREET ADDRESS 3.4 ¢ITY-ST-7IP 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 3.4 ¢ITY-ST-7IP 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 4.4 ¢ITY-ST-7IP 5.1 TINE 5.2 NAME 5.3 \$TREET ADDRESS 5.4 ¢ITY-ST-7IP	ifion's board of directors. I hereby		Anging its registered RECTORS IN 12 Change Additio Change Additio Change Additio Change Additio Change Additio
office or agent. I a 3NATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was i Section 607.0505, Fit enricative (NO) ORS DELETE DELETE DELETE DELETE	cs. Inc. ADove-named con authorized by the corpore orida Statutes. E. Repeared Agent signature rep. 13. 1.1 TILLE 1.2 NAME 1.3 \$TREET ADDRESS 1.4 QITY-ST-ZIP 2.1 TILLE 2.2 NAME 3.3 STREET ADDRESS 3.4 QITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 QITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 \$TREET ADDRESS 4.4 QITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 QITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 QITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 QITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 QITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ifion's board of directors. I hereby		Anging its registered rmeni as registered RECTORS IN 12 Change Additio Change Additio Change Additio
office or agent. I a SINATURE 	PSD ALLBRIGHT, WILLI 9 AMBLESIDE DRI	Ith, in the State of Florida scopt the obligations of the off registered agent and tak. If OFFICERS AND DIRECT AM B VE	a Such change was s Section 607.0505, Fit enricative (NO) (ORS DELETE DELETE DELETE DELETE DELETE DELETE	es, Iho plove-named con authorized by the corpore orida Statutes. E Repetend Agent signature req. 13, 1.1 JILE 1.2 NAME 1.3 \$IREET ADDRESS 1.4 ¢ITY-ST-7IP 2.1 TINE 2.4 ¢ITY-ST-7IP 3.1 TINE 3.2 NAME 3.3 STREET ADDRESS 3.4 ¢ITY-ST-7IP 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 3.4 ¢ITY-ST-7IP 4.1 TINE 4.2 NAME 4.3 STREET ADDRESS 4.4 ¢ITY-ST-7IP 5.1 TINE 5.2 NAME 5.3 \$TREET ADDRESS 5.4 ¢ITY-ST-7IP	ifion's board of directors. I hereby		Anging its registered RECTORS IN 12 Change Additio Change Additio Change Additio Change Additio Change Additio

ļ

•

ι