SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000

P97000029208 (0)

Mailing Address

HELI AIR EXPRESS, INC.

Principal Place of Business

7014-GE-QUTLER TRAIL STUART_EL-04997	7 014 SE CUTLER TRAIL STUART FL-84897		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			03/31/1997
2. Principal Place of Business	28. Mailing Address		4. FEI Number Applied For
21	[26]		65-086/548 Not Applicabl
Suite, Apt. #, etc. 22 5218 NE Shove Village To	Suite, Apt. #, etc. 27 5218 NE Shore	Village Ter	5. Certificate of Status Desired Security Securi
City & State 23 Stuart , FL	City & State 28 Stuart ITL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 34 996 25	29 34996 30	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Cur		T	10. Name and Address of New Registered Agent
EZROL, KERRY L		81 Name	
C/O JOSIAS GOREN ET AL		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
3099 E COMMERCIAL BLVD STE 2	200	02 Street Addit	ess (F.O. Dox (validation not Acceptable)
FT LAUDERDALE FL 33308		83	
The top grib the 16 00000			
		84 City	FL 85 Zip Code
Pursuant to the provisions of sections 607.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the object.	ate of Florida. Such change was autho	prized by the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE			
Signature, typed or printed name of registered in	agent and little Kapplicable. (NOTE R AND DIRECTORS	legistered Agent signature requ 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	···· · · · · · · · · · · · · · · · · ·	1.1 TITLE 10	
NAME FARKAS, ALICE	(_ DELLIE	12 NAME TA	IRVAS ALICE
STREET ADDRESS 7044 SE CUTLER TRAIL	i i	1.3 STREET ADDRESS 53	218 NE Shore Village Ter.
CITY-ST-ZIP STUART FL 34997	1		tuart, FL, 34996
TITLE		2 1 TITLE	Change Additio
NAME	•	2.2 NAME	
STREET ADDRESS	1:	2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	DELETE	3 1 TITLE	Change Additio

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, or on an attachment with an address.

3.2 NAME

4.2 NAME

5.1 TITLE

5 2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

3.9 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CHY-ST-ZIP

CICAIATI IDE.

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

Foot or

02-04-98

-09/21/98--01005--**0**43

561-2259282

___ Change ___ Addition

Change Addition

FILED

Sep 17 1998 8:00am

Secretary of State