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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1**9**98

| DOCUMENT # P9700038719 (5) INTERNATIONAL HIGH PERFORMANCE AIRCRAFT, INC.  |                     |  |                                |                             |                                       |                           |                                  |                                  |                                      |                                |                               |  |
|---|---------------------|--|--------------------------------|-----------------------------|---------------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------------|--------------------------------|-------------------------------|--|
| Principal Place of Business   |                     |  |                                | Mailing Add                 | Mailing Address                       |                           |                                  |                                  | -                                    | III <b>Ba</b> iki <b>Baika</b> | HANDO POEM H <b>ours</b> e di | DIA 1011 (DO)                          |
| 3400 S. TAMIAMI TRAIL   |                     |  | SAMO S TA                      | 3400 S. TAMIAMI TRAIL       |                                       |                           |                                  |                                  |                                      |                                |                               |  |
| SUITE 903   |                     |  | SUITE 303                      |                             |                                       |                           |                                  |                                  |                                      |                                |                               |  |
| SARASOTA FL 34239   |                     |  |                                | SARASOTA FL 34239           |                                       |                           |                                  | DO NOT W                         | RITE IN THI                          | S SPACE                        |                               |  |
|   |                     |  |                                |                             |                                       |                           |                                  |                                  | 3. Date Incorporated or Qualif       | ed                             |                               |  |
|   |                     |  |                                |                             |                                       |                           |                                  |                                  | 04/30/1997                           |                                |                               |  |
| _   | rincipal P          | lace of Busin                          | ness                           | 2a. Mailing                 | 2a. Mailing Address                   |                           |                                  | 4. FEI Number                    |                                      | ΧА                             | pplied For                    |  |
| 21  |                     |  |                                |                             | 26                                    |                           |                                  | APPLIED FO                       | X                                    | N                              | lot Applicable                |  |
| _   | Suite, Apt. #, etc. |  |                                | Suite, A                    | Suite, Apt. #, etc.                   |                           |                                  | 5. Certificate of Status Desired | П                                    | \$8.75                         | Additional                    |  |
| 22  |                     |  | 27                             |                             |                                       |                           | 5. Certificate of States Desired |                                  | Fee R                                | equired                        |                               |  |
| City & State  |                     |  | Crty & S                       | Crty & State                |                                       |                           | 6. Election Campaign Financir    | g                                | \$5.00                               | May Be                         |                               |  |
| 23  | )                   |  |                                | 28                          | 28                                    |                           |                                  |                                  | Trust Fund Contribution              |                                | Added                         | to Fees                                |
|   | ip.                 |  | Country                        | Zip                         |                                       | Country                   | 1                                |                                  | B. This corporation owes or he       | s paid the c                   | urrent year In                | tangible                               |
| 24  |                     |  | 25                             | 29                          |                                       | 30                        |                                  |                                  | Personal Property Tax due            |                                |                               | □ No                                   |
|   |                     | 9, Name                                | and Address of Curre           | nt Registered Ag            | ent                                   |                           |                                  |                                  | 10. Name and Address of Nev          | Registere                      | d Agent                       |  |
| JAENSCH, P. CHRISTOPHER 81 Name Erik V. Korzilius   |                     |  |                                |                             |                                       |                           |                                  |                                  |                                      |                                |                               |  |
| 3400 S. TAMIAMI TRAIL   |                     |  |                                |                             |                                       | 82                        | Street                           |                                  | ss (P.O. Box Number is Not Acce      |                                |                               |  |
| SUITE 803   |                     |  |                                |                             | [                                     |                           |                                  | rincess Lane                     |                                      |                                |                               |  |
| SARASOTA FL 34239   |                     |  |                                |                             | 83                                    |                           |                                  |                                  |                                      |                                |                               |  |
|   | •                   |  | 1,500                          |                             |                                       | ļ <u>.</u>                | 67                               |                                  |                                      |                                | Table 5                       | <del></del>                            |
|   |                     |  |                                |                             |                                       | 84                        | City .                           | Ven                              | ice                                  | F                              | L  85   <sup>23</sup> 32      | £2 <b>9</b> 3                          |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agont, or both, in the State of Florida. Such change was authorized by agent. I am lamiliar pulls, and accept the obligations of, Section 607.0505, Florida Statutes   |                     |  |                                |                             |                                       |                           | e-named                          | corpo                            | oration submits this statement for   |                                |                               | its registered                         |
| ١ ١   | office or r         | registered ag                          | iont, or both, in the State    | e of Florida, Such          | change was<br>607 0505, 51            | authorized by             | y the corp                       | poratio                          | on's board of directors. I hereby a  | ccept the a                    | opointment as                 | s registered                           |
|   |                     | 1                                      |                                | Pations of, acciton         |                                       | _                         |                                  |                                  |                                      | 4/27                           |                               |  |
| SIGN  | NATURE              | Signature, typical                     | a mit of name of registered ag | ent and title if applicable | INO                                   | rik V.  E. Registered Age | nt signature                     | ZIII                             | LUS<br>d when roinstating)           | DATE                           | 790                           |  |
| 12.   |                     | - Z                                    |                                | ID DIRECTORS                | · · · · · · · · · · · · · · · · · · · | 13.                       |                                  | <u> </u>                         | ADDITIONS/CHANGES TO C               | FFICERS AI                     | VD DIRECTO                    | RS IN 12                               |
| TITLE   |                     | <b>D</b> DELETE                        |                                | 1.1 TOTLE                   |                                       |                           |                                  |                                  | Change                               | Addition                       |                               |  |
| NAME  |                     | MAISCH, WALTER                         |                                |                             | 1.2 NAN                               |                           |                                  |                                  |                                      |                                |                               |  |
| STREE   | T ADDRESS           | 427 LA                                 | CE OF WOODS DR.                |                             |                                       | 1.3 STREET                | ADDRESS                          | Ì                                |                                      |                                |                               |  |
| CITY-   | ST-ZIP              |  | FL 34293                       |                             |                                       | 1.4 GITY - S              | I - 71P                          |                                  |                                      |                                |                               |  |
| TITLE   | <u> </u>            | D                                      |                                |                             | DELETE                                | 2.1 TITLE                 |                                  |                                  |                                      |                                | Change                        | ☐ Addition                             |
| NAME  |                     | , -                                    | ALMOR I                        | _                           |                                       | 2.2 NAME                  |                                  | •                                |                                      |                                |                               | _                                      |
|   | T ADDRESS           | MAISCH, SONJA<br>427 LAKE OF WOODS DR. |                                |                             |                                       |                           | 2.3 STREET ADDRESS               |                                  |                                      |                                |                               |  |
|   | ST-ZIP              |  | FL 34293                       |                             |                                       | 1                         |                                  |                                  |                                      |                                |                               | İ                                      |
| TITLE   | 51-ZIP              | 16illor                                | 1 6 34283                      |                             | DELETE                                | 2. 4 CITY - 3.1 TITLE     | 51-ZIP                           | ם                                |                                      |                                | Change                        | Addition                               |
|   |                     |  |                                | L                           |                                       | 1                         | i                                | . –                              | lf M. Storr                          |                                | Unanys                        | אווייייייייייייייייייייייייייייייייייי |
| NAME  |                     |  |                                |                             |                                       | 3.2 NAME                  | Inneres                          |                                  |                                      | 100å~                          | Dwissa                        | i                                      |
|   | T ADDRESS           |  |                                |                             |                                       | 3.3 STREET                |                                  | 142                              | 7 Lake of the V                      | 1000B                          | DLTAG                         |  |
|   | ST-ZIP              |  |                                |                             | DELETE                                | 3.4. CITY-1               | SI-ZIP                           | <u>ve</u>                        | nice, Florida                        | 34293                          |                               | Addison                                |
| TITLE   | ļ                   |  |                                | L                           | _) VELCIE                             | 4.1 TITLE                 | İ                                | 1                                |                                      |                                | ☐ Change                      | ☐ Addition                             |
| NAME  |                     |  |                                |                             |                                       | 4. 2 NAME                 |                                  |                                  |                                      |                                |                               |  |
|   | T ADORESS           |  |                                |                             |                                       | 4.3 STREET                |                                  |                                  |                                      |                                |                               |  |
|   | ST-ZIP              |  | ·                              |                             |                                       | 4.4 CITY-S                | T-ZIP                            | <u> </u>                         |                                      |                                |                               |  |
| TITLE   |                     |  |                                | E E                         | DELETE                                | 5.1 TITLE                 |                                  |                                  |                                      |                                | Change                        | ☐ Addition                             |
| NAME  |                     |  |                                |                             |                                       | 5.2 NAME                  |                                  |                                  |                                      |                                |                               |  |
| STREE   | T ADDRESS           |  |                                |                             |                                       | 5.3 STREET                | ADDRESS                          |                                  |                                      |                                |                               |  |
| CITY-   | ST-ZIP              |  |                                |                             |                                       | 5.4 CITY- S               | T-ZIP                            | <u></u>                          |                                      |                                |                               |  |
| TITLE   |                     |  |                                |                             | DELETE                                | 61 TITLE                  |                                  |                                  |                                      |                                | Change                        | Addition                               |
| NAME  |                     |  |                                |                             |                                       | 6.2 NAME                  |                                  |                                  |                                      |                                |                               |  |
|   | T ADDRESS           |  |                                |                             |                                       | 6.3 STREET                | ADDRESS                          | }                                |                                      |                                |                               |  |
|   |                     |  |                                | x 0                         |                                       |                           |                                  | 1                                |                                      |                                |                               |  |
| 14.   | hereby c            | ertify that th                         | e information supplied v       | th the ling doc             | not qualify f                         | or the exemp              | tion state                       | ed in S                          | ection 119.07(3)(i), Florida Statute | s. I further                   | certify that the              | e information                          |
| 14. I hereby certify that the information supplied with the ling doe: 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 suppliemental and a report it 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 of justee of inpowered 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 attachmental with an address. |                     |  |                                |                             |                                       |                           |                                  |                                  |                                      |                                | at I am an                    |  |
| ĺ   | Block 12            | or Block 13 i                          | f changed, or on an atta       | chment with an ac           | ddress.                               | 17                        | ioproit as                       | requii                           | W                                    | .55, and (11 <b>8</b>          | снау паште ар                 | ηνοαιό III                             |