


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90010 037 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000008973</u> ✓			
1. Corporation Name Big Bird Aviation, Inc.			
Principal Place of Business 5280 NW 21st Ave. Hanger #58 Ft. Lauderdale, FL 33309		Mailing Address Same	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 5280 NW 21st Ave.		2a. Mailing Address 26 5280 NW 21st Ave.	
22 Suite, Apt. #, etc. Hanger #58		27 Suite, Apt. #, etc. Hanger #58	
23 City & State Ft. Lauderdale		28 City & State Ft. Lauderdale	
24 Zip 33309		29 Zip 33309	
25 Country		30 Country	
9. Name and Address of Current Registered Agent Richard Bradley 1633 East Vine Street, Ste #207 Kissimmee, FL 34744 <i>TEB</i>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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. <i>TEB</i>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Baur	1.2 NAME	
STREET ADDRESS	2601 SW 14th Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33442	1.4 CITY-ST-ZIP	
TITLE	Secretary	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Baur	2.2 NAME	
STREET ADDRESS	2601 SW 14th Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33442	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *TEB*

THOMAS E. BAUR

APR 28 1999 (954) 772-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)