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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90257 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000099343

1. Corporation Name
EURO-ATLANTIC AVIATION, INC.



Principal Place of Business
**200 AVIATION DRIVE
 NAPLES FL 34104**

Mailing Address
**200 AVIATION DRIVE
 NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-3548106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **200 AVIATION DRIVE N.**

2a. Mailing Address

26 **200 AVIATION DRIVE N.**

Suite, Apt. #, etc.

22 **SUITE 6**

Suite, Apt. #, etc.

27 **SUITE 6**

City & State

23 **NAPLES, FLORIDA**

City & State

28 **NAPLES, FLORIDA**

Zip Country

24 **34104**

Country

Zip Country

29 **34104**

Country

30

9. Name and Address of Current Registered Agent

**KOOI, CAROLINE
 200 AVIATION DRIVE
 NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 AVIATION DRIVE N, SUITE 6

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **KOOI, CAROLINE**
 STREET ADDRESS **200 AVIATION DRIVE**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition
 1.2 NAME **KOOI, CAROLINE**
 1.3 STREET ADDRESS **200 AVIATION DRIVE N SUITE 6**
 1.4 CITY-ST-ZIP **NAPLES FL 34104**

2.1 TITLE **V** Change Addition
 2.2 NAME **KOOI, JAN**
 2.3 STREET ADDRESS **3390 W CROWN POINTE BLVD. # 101**
 2.4 CITY-ST-ZIP **NAPLES FL 34112**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

SIGNATURE REQUIRED

April 28, 1999 (941) 430 9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)