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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$91786

(1)

FILED Jan 14 1997 8:00am Secretary of State

1. Corporation Name I.T.C. AIRCRAFT, INC. Principal Place of Business Mailing Address 22 RABBITS RUN RD. PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418									
						3. Date Incorporated or Qualified 11/04/1991	3a. Date (eport
	Place of Business	28. Mailing Add	iress			4. FEI Number			plied For
21	4 4 . La	26	26 Suite, Apt. #, etc.			65-0299999			t Applicable
Suite, Ap	T #, BIG.	<u>├</u> ─ ` ` `	27			5. Certificate of Status Desired			
City & Sta	ale	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip Country		Zip C		Country		8- This corporation has liability for intangible tay under s. 199.03		199.032,	
24	4 25 9. Name and Address of Current F		29 30			Florida Statutes Yes You 10. Name and Address of New Registered Agent			
CAL	PITAL CONNECTIONS, INC	ent negistered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	TU. Name and Address of New Re	igistereo Age	, iii	
	'E VIRGINIA ST			-		000			
SUI			82	Street Add	fress (P.O. Box Number is Not Acceptal	ble)			
TALLAHASSEE FL 32301				83					
				84	City			35 Ζιρ (Code
						poration submits this statement for the	ᅡᆫ		
SIGNATURE	Signature typed or proved rise as of ingisternitial OFFICERS A	ND DIRECTORS		13.	rit signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI			
TITLE NAME	D Connelly, Davin T. Jr.	ا لبـا	DELETE	1.1 TITLE 1.2 NAME			L.	Change	Addition
STREET ADDRESS	AA DADDITA OLINI OD			1.3 STREET	ADDRESS				
CHTY-ST-ZIP	PALM BCH GARDENS FL			1.4 GITY - S	1				
THILE	VD			2.1 TITLE				Change	Addition
NAME	CONNELLY, DAVIN T. III			2.2 NAME	ļ				
STREET ADDRESS				23 STREET					
CITY-ST-ZIP TITLE	PALM BCH GDNS FL ST		DELETE	2. 4 City - 5 3.1 Tiffle	ST - ZIP			Change	Addition
NAME	CONNELLY, HELEN S.	' لـــا		3.2 NAME				zigo	
STREET ADDRESS	AA DARBITTA DARA DA			3.3 STREET	ADDRESS				
CITY - ST - ZIP	PALM BCH GDNS FL			3.4 CITY-5				w11111	
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS	5			4.3 STREET					
CITY-ST-ZIP			DELETE	44 CITY-S	T-ZIP			Change	Addition
TITLE		Ш	VELETE	51 TITLE 52 NAME			L	, onalige	L ACCHION
NAME STREET ADDRESS				52 NAME 53 STREET	ADDRESS				
CITY - ST - ZIP				5 4 CITY-9					
TITLE			DELETE	6.1 TITLE	., 611			Change	Addition
NAME				6.2 NAME					
STREET ADORES	s			6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - 5	1-ZIP				

14. I do hereby certily 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 arrural 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