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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # \/20017

INSTA	IMENT # V288 N-GATOR HELICOPTERS, I	(.)		I HAIR ANAIG NEGO JANAR HAIAR MADI KANAR ANAIK AN	i Địa Diành Địa được Được Quốc là đạc
Principal Plac	e of Business	Mailing Address			
,		822 SOUTH LAKESIDE DR. LAKE WORTH FL 33460			an anne diate alatt billt ibill
822 SOUTH LAKESIDE DR. LAKE WORTH FL 33460					
					te of Last Report
2. Principal P	Place of Business	2a. Mailing Address		04/15/1992 C	05/05/1995
21		26		65-0328304	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		E Continue (Oct. D.)	\$8.75 Additional
City & State		27			Fee Required
Ony & Stat 23	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Ζιρ	Country		Added to Fees
24	25	29	30	8. This corporation has liability for intangible t	ax under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
SINGER, R. SCOTT 822 SOUTH LAKESIDE DR.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
LAKE W	ORTH FL 33460		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	ites the above parend corn	poration submits this statement for the purpose of charged of directors.	• <u> </u>
or register familiar wi	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	orida. Such change was author	ized by the corporation's bo	oration submits this statement for the purpose of character of directors. Thereby accept the appointment as	anging its registered office registered agent. I am
	ent and accept the obligations of, Se				
		ction bor, boot, monda statute	% S.	,,	
SIGNATURE	Signature, typed or printed name of registered age	- Torina Statute	~·		
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (ND DIRECTORS	iOTE Registered Agent signature requi		
SIGNATURE _ 12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable	:OTE Rogistered Agent signature requi	ired whor reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	
SIGNATURE _ 112. 111LE NAME	Signature, typed of printed name of registered age OFFICERS A P SINGER, R. SCOTT	ent and title if applicable (ND DIRECTORS	OTE. Registered Agent signature requi	ired whor reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF STENING OFFICER OR DIDGETOR

Date

Dat