

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

002945

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90171 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V34035

1. Corporation Name
MAVERICK HELICOPTERS INTERNATIONAL, INC.

Principal Place of Business 3530 E. AMELIA ST. ORLANDO FL 32803 US	Mailing Address PO BOX 1155 DE LEON SPRINGS FL 32130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified
05/04/1992

4. FEI Number
59-3134462

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

9. Name and Address of Current Registered Agent

DARLING, BUDD C. S
2235 BROWNLEE ROAD
SEVILLE FL 32190

10. Name and Address of New Registered Agent

81 Name

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DARLING, BUDD C II	
STREET ADDRESS	431 ALHAMBRA AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL 32130	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DARLING, BUDD C SR.	
STREET ADDRESS	2235 BROWNLEE RD.	
CITY-ST-ZIP	SEVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DARLING, C L	
STREET ADDRESS	2235 BROWNLEE ROAD	
CITY-ST-ZIP	SEVILLE FL 32190	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DARLING, CARLA	
STREET ADDRESS	431 ALHAMBRA ST	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALMEIDA, WALTER D	
STREET ADDRESS	6131 ST IVES BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Russell M. Graham
 109 Camphor Tree Ln
 Altamonte Sp., FL 32714

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: *Carla Darling* **Carla F. Darling** 4/20/99 (407) 874-8777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)