


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V52391 (2) 1. Corporation Name FLORIDA ROTORCRAFT, INC.					
Principal Place of Business 17450 104TH TERRACE JUPITER FL 33478			Mailing Address 17450 104TH TERRACE JUPITER FL 33478		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 07/13/1992					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0356989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent ROGERS, MARY D 17450 104TH TERR. JUPITER FL 33478			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE			1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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4.1 TITLE <input type="checkbox"/> DELETE			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.

SIGNATURE: *Mary D Rogers* REQUIRED

1/12/98

746-2419

CR2E034 (10/97)