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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55718 1. Corporation Name E & J HELICOPTER SALES & SERVICE, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90003 036 ***150.00

E & J HELICOPTER SALES &	SENVICE, INC.					
Principal Place of Business	Mailing Address			- 1 10811 01:001 01:01 01:14 1000: 11091 1811 0:1	911 91911 91911 91911 1	Mail Mail Mail
9000 N 18 ST	9000 N. 18 ST.					
TAMPA FL 33604 TAMPA FL 33604				DO NOT WRITE IN T	HIS SBACE	
US	us			3. Date Incorporated or Qualifed	NIS SPACE	
				08/06/1992		
2. Principal Place of Business	2a. Mailing Address			4 FEI Number	l Ap	plied For
2. Principal Place of Business	26			59-3175859	- - - - - - - - - - 	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· 			\$8.75	Additional
22	27		· -	5. Certificate of Status Desired	- · · Fee·Re	quired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added t	o Fees
Zip Country	Žip	Country		8. This corporation owes the current year		
24 25		30		Personal Property Tax.	Yes	□No
9. Name and Address of	f Current Registered Agent	81	Nome	10. Name and Address of New Register	ea Agent	_
CAMPBELL, C., PHILIP JR.		81	Name			
SHUMAKER, LOOP & KENDR	ICK	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
101 EAST KENNEDY BLVD.		83			•••	
TAMPA FL 33602	•	83				
TAMPA 1 E 50002		84	City		85 Zip (Code
office or registered agent or both in th	ne State of Florida. Such change was au	itnorized by t	ine corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as re	gistered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registers.	ne State of Florida. Such change was au ne obligations of, Section 607.0505, Flori sistered agent and title if applicable. (NOTE:	ida Statutes.	ine corporation	when revisating) DATE	E	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

TEAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126/99 8

8*13-931-057*.

Daytime Phone #