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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUMENT # V55840 (5)  DAKOTA AIRCRAFT, INC.   |  |   |  |   |  |   |                                |                                      |  |
|--|--|---|--|---|--|---|--------------------------------|--------------------------------------|--|
| DAKO   | TA AIRCRAFT, INC   |   |  |   |  |   |                                |                                      |  |
| rincipal Place   | of Business  | Mailing   | y Address  |   |  | n indett ditable mesalt mittel tætte mit  | )                              | Mat Arfiet Aibi                      | ı Miğil Biğir İMBI                           |
| 5728 MAJOI   | R BLVD   | 57.   | 28 MAJOR BLVD  |   |  |   |                                |                                      |  |
| SUITE 314  | F1 00010   |   | IITE 314   |   |  |   |                                |                                      |  |
| ORLANDO F<br>US  | FL 32819   | US  | RLANDO FL 32819  |   |  | 3, Date Incorporated or Qualified   |                                | of Last Re                           | •  |
|  |  |   |  |   |  | 08/06/1992  | (                              | 05/30/19                             |  |
| 1  | ace of Business  | F1  | iling Address  |   |  | 4. FEI Number   |                                | <b></b>                              | pplied For                                   |
|  |  | 26  | ito Act # etc  |   |  | 59-3151596  |                                |                                      | lot Applicable<br>Additional                 |
| - Suite, Apt.#<br>]  | *, etc.  | 27  | ite, Apt. #, etc.  |   |  | 5. Certificate of Status Desired  |                                |                                      | Additional<br>lequired                       |
| City & State   |  |   | y & State  |   |  | 6. Election Campaign Financing  |                                |                                      | May Be                                       |
| ,  |  | 28  | •  |   |  | Trust Fund Contribution   |                                | •                                    | to Fees                                      |
| ≱Zip   | Country  | Zıç   | 1  | Cour  | ntry   | 8. This corporation has liability for   |                                | x under s                            | 199.032,                                     |
| 1  | 25   | 29  |  | [30]  | Aug. 180 190.1811 (1908) 180 1111  |   | No No                          |                                      |  |
|  | g. Name and Address of Curre   | nt Registere  | d Agent  |   | <b>7</b> 10 10 10 10 10 10 10 10 10 10 10 10 10  | 10. Name and Address of New R   | legistered /                   | \gent                                |  |
| •  |  |   |  |   | 81 Name  |   |                                |                                      |  |
| SNIVELY, STEPHEN W<br>200 S ORANGE AVE<br>SUITE 3000   |  |   |  |   | 82 Street Add  | ddress (P.O. Box Number is Not Acceptable)  |                                |                                      |  |
|  |  |   |  | ł   | 83   |   |                                |                                      |  |
|  | 3000<br>IDO FL 32801   |   |  |   |  |   |                                |                                      |  |
| UNDAN  | 100 11 32001   |   |  |   | 84 City FL 85 Zip Code   |   |                                |                                      | Code   |
| or registere<br>familiar wit   | o the provisions of Sections 607.050<br>ed agent, or both, in the State of Floi<br>in, and accept the obligations of, Sec  | rida. Such ch   | ange was authorizi   | ed by the c   | ve-named corpo<br>orporation's boa   | ration submits this statement for the puring of directors. I hereby accept the app  | rpose of cha<br>ointment as    | nging its re<br>registered           | egistered offici<br>agent. I am              |
| or registere<br>familiar with<br>GNATURE   | ed agent, or both, in the State of Floi  | rida, Such ch<br>stion 607,050<br>ntaid sterta, sex                 | ange was authorize<br>5, Florida Statutes  | ed by the c   | ve-named corpo<br>orporation's boa<br>Agent signature require  | rd of directors. I hereby accept the app  | ointment as                    | registered                           | agent. I am                                  |
| or registere<br>familiar with<br>IGNATURE<br>2.  | ed agent, or both, in the State of Flor<br>in, and accept the obligations of, Sec<br>Sgriver, types or protective of registers Lag-<br>OFFICERS AT   | rida, Such ch<br>stion 607,050<br>ntaid sterta, sex                 | ange was authorize<br>5, Florida Statutes  | ed by the c   | orporation's boa   | ard of directors. I hereby accept the app   | DATE                           | registered                           | agent. I am                                  |
| or registere<br>familiar wit<br>IGNATURE<br>2.   | ed agent, or both, in the State of Florin, and accept the obligations of, Sec<br>Serious, types or protest races of registers 1 agent<br>Of FICE RS AT<br>PD<br>DEXTERR, JAMES   | rida, Such ch<br>otion 607,050<br>of and other agains<br>NO DIRECTO | ange was authorizi<br>5, Florida Statutes<br>ad (NO                                | It. Registered  13. 1 1 Till 12 NA  | Agent signature require  TLF  ME   | ard of directors. I hereby accept the app   | DATE                           | registered                           | agent. Lam                                   |
| or registere<br>familiar wit<br>IGNATURE<br>2.<br>ILE<br>IME<br>ittel AUDRESS  | ed agent, or both, in the State of Florin, and accept the obligations of, Sec.  Section, types or protest accept fregisters 1 agents Af  PD  DEXTERR, JAMES  5728 MAJOR BLVD., SUITI   | rida, Such ch<br>otion 607,050<br>of and other agains<br>NO DIRECTO | ange was authorizi<br>5, Florida Statutes<br>ad (NO                                | II. Registered  13. 1 1 Ti 12 NA 13 Sf  | Agent signature require  TLF  ME  REET ADDRESS   | ard of directors. I hereby accept the app   | DATE                           | registered                           | agent. I am                                  |
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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. 2-20-96

SIGNATURE:

Shawn L. Barrow, Sec./Treas.

(407) 363-7777