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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

AIR HAWK INTERNATIONAL, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I O I I DINEIL ORDIL PIUEL U	IEIL BARN IRBI	
			DLAND AVENUE HER FL 32569			DO NOT WRITE IN	LTHIS SPACE		
						3. Date Incorporated or Qualified	THIS STACE		
						08/24/1992			
2. Principal Pl	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For	
21		26				<u>59-3163645</u>		Not Applicable	
			Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
			ity & State			6. Election Campaign Financing			
23		28	 , '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cu	rrent Registered Ager	nt	-	1	10. Name and Address of New Regis	stered Agent		
HOWARD, CLYDE					81 Name				
338 WOODLAND AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
MA	RY ESTHER FL 32569			83	-				
				63					
				84	City		FL 85 Zi	p Code	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508, FI	orida Statutes, the	abov	e-named corp	poration submits this statement for the pur	pose of changing	its registered	
agent. I ar	egistered agent, or both, in the Si m familiar with, and accept the ol	tate of Florida. Such cr oligations of Section 6	nange was autnori: 07.0505, Florida S	tatute:	y the corporat s.	ion's board of directors. I hereby accept t	ne appointment a	as registered	
SIGNATURE	_		_						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe					ent signature requir		DATE	200 11 (45	
12. TITLE	DEFICERS	AND DIRECTORS	DELETE 1.1	TITLE		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		
NAME	HOWARD, CLYDE			NAME				, La ridoldon	
STREET ADDRESS	690 MOODI AND AVENUE			1.3 STREET ADDRESS					
CITY-ST-ZIP	MARY ESTHER FL			CITY-S					
TITLE				TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME			2.2	NAME				1	
STREET ADDRESS	ess			2.3 STREET ADDRESS			4		
CITY-ST-ZIP			2.4	4 CITY-	ST-ZIP				
TITLE			DELETE 3.1	TITLE		•	Change	Addition	
NAME				NAME	1				
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				. CITY-S	ST-ZIP		Change	Addition	
TITLE NAME		لسا		NAME			Onange	, L. AQUIIIOII	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S				1	
TITLE				TITLE			Change	Addition	
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY - S	ST-ZIP				
TIPLE	-			TITLE			☐ Change	Addition	
NAME			6.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	anth, that the information are of	al college applications and the college		CITY-S		Postion 110 07/9/6) Florida Cartala - 17	thos and to the o	o information	
те, тпегеру с	ermy that the information supplie	a with this filling does r	ior dosina loutule e	хөшр	กษา รเสเยน เก	Section 119.07(3)(i), Florida Statutes. I fur	mer centry that th	ic 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 outh; 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.

11 TON 00