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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300002306

THE PEGASUS AVIATION COMPANY, INC.

Principal Place	e of Business	Ma	iling Address					-	(II OOIII SUILI ORLI	 	11 UB314 B111 3421
801 BRICKELL	AVENUE	801	BRICKELL AVENUE								
9TH FLOOR		• • • • • • • • • • • • • • • • • • • •	9TH FLOOR				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33131			MIAMI FL 3313† US				3. Date Incorporated or Qualifed				
US		บจ						05/18/1993	Rodinoc		-
2 Principal P	lace of Business	22	Mailing Address					4. FEI Number			applied For
	iace of Business	26	Maning Hadrood					76-0245689		⊢	lot Applicable
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.							\$8.75	Additional
22	.,	27	•					5. Certifcate of Status De	esired \Box	· Fee F	Required
City & State	e		City & State					6. Election Campaign Fir	nancing	\$5.0	May Be
23		28			_			Trust Fund Contribution	on		to Fees
Zip	Country		Zip		ountry			8. This corporation owes	the current ye		
24	25	29		30				Personal Property Tax		☐ Yes	XX ^{No}
	9. Name and Addres	s of Current Regist	tered Agent		1	• • •		10. Name and Address of	of New Regist	tered Agent	
	CIRCUS PAISE				81	Name	•				Ì
	Sarano, David L.	THE CLOOP			82	Stree	t Addre	ess (P.O. Box Number is Not	Acceptable)	· · · · · · · · · · · · · · · · · · ·	1
	BRICKELL AVENUE, 9	IH FLOOR			_						
MIA	VII FL 33131				83						
1					84	City				85 Zir	Code
					1					FL "	to registered
11. Pursuant	to the provisions of Section	ons 607.0502 and 60	07.1508, Florida Statu	ites, the	above	e-name	d corpo	pration submits this statemen n's board of directors. I here	it for the purpo by accept the	appointment as	registered
office or r			a isuco change was a		ed by i	the con	ooranor			appointment as	
office or r	egistered agent; or both, a m familiar with, and accep	in the State of Flond pt the obligations of,	Section 607.0505, Fl	orida St	ed by i	тпе соп	poration		.,	арровинией вз	
office or r agent. I a	m familiar with, and accep	pt the obligations of,	Section 607.0505, Fl	orida Sta	ed by i atutes.	tne con					
office or r agent. I a SIGNATURE	m familiar with, and accept	of the obligations of,	Section 607.0505, Fluid spplicable. (NOT	Orida Sta	ed by atutes.	tne con		when reinstating)	D/	ATE	
office or r agent. I a SIGNATURE	m familiar with, and accept Signature, typed or printed name of OF	pt the obligations of,	Section 607.0505, Florapplicable. (NOT CTORS	orida Sta	ed by atutes.	tne con			D/	ATE RS AND DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12.	m familiar with, and acception of signature, typed or printed name of OF	of the obligations of,	Section 607.0505, Fluid spplicable. (NOT	E: Register	ed by tatutes. red Agent 3.	tne con		when reinstating)	D/	ATE	ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of OF DPSP PAHLAVI, KAMYAR	of the obligations of, of registered agent and title if	Section 607.0505, Florapplicable. (NOT CTORS	E: Register 13 1.1	ed by tatutes. red Agent 3. TITLE NAME	the con	a required	when reinstating)	D/	ATE RS AND DIRECT	ORS IN 12
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OF DPSP PAHLAVI, KAMYAR FIVE POST OAK PAI HOUSTON TX	of the obligations of, of registered agent and title if	Section 607.0505, Florapplicable. (NOT CTORS	E: Register 13 1.1 1.2 1.3 1.4	ed by atutes. red Agen 3. TITLE NAME STREET CITY-ST	the corp	a required	when reinstating)	D/	RS AND DIRECT	ORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 agrual 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 or an attechment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Kamyar Pahlavi, Director

Daytime Phone #