## 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 # P9300000420 (8)

PHOENIX AIR, INC.

FILED
May 05 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address				ISTIT BETTI BETTI BETHI SISTE FRE	
440 AIRPORT RD. LAKEWALES FL <b>338</b> 53 US		440 AIRPORT RD. LAKEWALES FL 33853 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
2. Principal Pi	ace of Business	2a. Mailing Address		-+	01/05/1993 4. FEI Number	A	pplied For
27 440 S. AIV DOYT RD 26 440 S. H			rport R	50	59-3169697		ot Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.	160111	ي		<u> </u>	Additional
22		27	27		5. Certificate of Status Desired	Fee Re	equired
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zιp	Country		8. This corporation ewes or has p		
24	25		30		Personal Property Tax due Jur 10. Name and Address of New R		_l No
	g. Name and Address of Current (	Hegistered Agent	81 Name	5	10. Name and Address of New F	Jagisteret Agent	
KABELLER, GEORGE				$\leq_{\mathcal{C}}$	etty Pabo	lex	
440 AIRPORT ROAD LAKE WALES FL 33853			82 Street	edates	s (P.O. Bok Nymber is Not Accepta		
LAN	83	10	2. 2 cr 1301				
			84 City			FL 85 Zip	Code
11, Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named	corpor	ration submits this statement for the	purpose of changing it	ts 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. Familiar with, and accept the abligations of 807.0505, Florida Statutes.							
	NITTI POLICIO	P. KALLIKA	11 /	AL.	socialor &	1122195/	
SIGNATURE	Signifure Typed of printed rayon of registered agents	and title it applicable (NOTE	OOLLEV Registered Agent signature	required	when reinstating)	DATE	<del></del>
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1.1 TITLE	Di	rector	Change	☐ Addition
NAME	KABELLER, GEORGE		1.2 NAME				
STREET ADDRESS	P.O. BOX 1177-1 TRUE ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	FROSTPROOF FL 33843	Dr. cir	1.4 CITY-ST-ZIP	-		10.00000	Addition
TITLE	ST STATE OF THE	☐ DELETE	2.1 TITLE	30	esident, Sec, Tre	-aswer Charles	L Aubrion
NAME	KABELLER, BETTY		2.2 NAME	50	thy Rabeller	· .	
STREET ADDRESS	P.O. BOX 1177-1 TRUE ROAD		2.3 STREET ADDRESS	44	6 3. Leithor I'm	1 228C	,
CITY-ST-ZIP	FROSTPROOF FL 33843	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	14	Re Wars, FC	- 3005	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE	<del></del>		Change	Addition
NAME			4. 2 NAME			•	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP	L	2 22 2 2 2 2 2 2 2		
indicated	ertify that the information supplied with on this ennual report or supplemental a	annual report is true and accu	rate and that my sig	nature	shall have the same legal effect as	if made under oath; the	atiam an
officer or director of the corporation of 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 changed, or on an attachment with an address.							