

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90008 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000079123**

1. Corporation Name
AIR HOLIDAY FLYING CLUB, INC.



Principal Place of Business	Mailing Address
750 CLIFFORD DRIVE ORLANDO FL 32804	750 CLIFFORD DRIVE ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1218 Shorewood Drive	26	1218 Shorewood Drive	09/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59 3538088	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State Orlando, FL		City & State Orlando, FL		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
Zip 32806-2350		Country USA		Zip 32806-2350	
				Country USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILLIPS, R. PATRICK 200 N THORNTON AVE ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JAMES H	1.2 NAME	MERRILL, WOODROW T (DIRECTOR)
STREET ADDRESS	750 CLIFFORD DR	1.3 STREET ADDRESS	1218 SHOREWOOD DRIVE
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	ORLANDO FL 32806-2350
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBIASO, MARLENE K	2.2 NAME	LAMBIASO, MARLENE K
STREET ADDRESS	1734 SENECA BLVD	2.3 STREET ADDRESS	1734 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, DANIEL M	3.2 NAME	COLES, BOB
STREET ADDRESS	309 ROBIN HILL DR	3.3 STREET ADDRESS	1734 ROSE GARDEN LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM H	4.2 NAME	READ, CHUCK
STREET ADDRESS	1615 ALGONQUIN TR	4.3 STREET ADDRESS	1005 TEMPLE GROVE
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, FRED	5.2 NAME	SIMONDS, JOE
STREET ADDRESS	107 CELIA LANE	5.3 STREET ADDRESS	649 BALMORAL ROAD
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789-5204
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWALLOW, HAROLD G	6.2 NAME	SWALLOW, HAROLD G
STREET ADDRESS	2999 EGLINGTON DR	6.3 STREET ADDRESS	2999 EGLINGTON DR.
CITY-ST-ZIP	ORLANDO FL 32806-3366	6.4 CITY-ST-ZIP	ORLANDO, FL 32806-3366

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.

SIGNATURE: _____ DATE: 11 Jul 99 TIME: 407 898 3269

CR2E034 (5/99)

11 JULY 99

Florida Department Of State
Katherine Harris
Secretary of State
Division Of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, Florida 32302-1500

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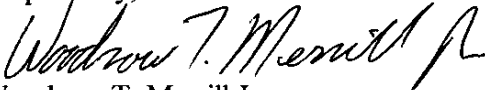
Dear Ms. Katherine Harris,

Please accept this letter as notification that this is the first time I have received a 1999 Annual
—Report for Air-Holiday Flying Club, Inc.

Our corporation was formed in September 1998, and I was not aware that we were deficient in any filing. Enclosed is a check for \$150.00, (the original filing fee) that I hope you will accept along with our annual report.

I sincerely await your reply.

Respectfully,



Woodrow T. Merrill Jr.
Secretary/Treasurer
1218 Shorewood Drive
Orlando, FL 32806-2350
407.898.3269