

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90189 050 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # 409668**

1. Corporation Name  
**FLYING BOAT, INC.**



Principal Place of Business: 750 SW 34TH ST. FT LAUDERDALE FL 33315 US

Mailing Address: ~~1000 MACARTHUR CAUSEWAY MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1972**

4. FEI Number: **59-1900555** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22 **704 SW 34<sup>th</sup> St.**

City & State: 23 **Fort Lauderdale FL**

Zip: 24 **33315** Country: 25 **USA**

9. Name and Address of Current Registered Agent

**JONES, BILL**  
**1000 MACARTHUR CAUSEWAY**  
**MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **704 SW 34 St.**

84 City **Fort Lauderdale** FL 85 Zip Code **33315**

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

TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, WILLIAM</b>	
STREET ADDRESS	<b>1000 MACARTHUR CAUSEWAY</b>	
CITY-ST-ZIP	<b>MMIAMI FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, BILL</b>	
STREET ADDRESS	<b>1000 MACARTHUR CAUSEWAY</b>	
CITY-ST-ZIP	<b>MMIAMI FL 33132</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, WILLIAM</b>	
STREET ADDRESS	<b>1000 MACARTHUR CAUSEWAY</b>	
CITY-ST-ZIP	<b>MMIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jones, William</b>	
1.3 STREET ADDRESS	<b>704 SW 34 St.</b>	
1.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33315</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<del>704 SW 34 St.</del>	
2.4 CITY-ST-ZIP	<del>Fort Lauderdale FL 33315</del>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  4/29/99 (954) 359-0329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)