

FILE NOW: FILING FEE IS \$61.25

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

03-05-1999 90036 025 \*\*\*\*61.25

0035624

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 739581**

1. Corporation Name

**SUN FLYING, INC.**

Principal Place of Business

14901 NW 37TH PL  
OPA LOCKA AIRPORT  
OPA LOCKA FL 33054  
US

Mailing Address

BOX 660132  
MIAMI SPRINGS FL 33166  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/11/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1088117

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMSON,JOHN  
2222 PONCE DE LEON BLVD, STE. 200  
CORAL GABLES FL 33134

DELETE

81 Name

JAMES E. ALBRITTON

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

215 SW 159 TERR.

83

84 City

SUNRISE

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James E. Albritton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME ALBRITTON, ED  
STREET ADDRESS 215 SW 159TH TERRACE  
CITY-ST-ZIP SUNRISE FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SD  
RUFFNER, HOWARD  
14800 MARVIN LANE  
FT LAUDERDALE, FL 33330

Change

Addition

TITLE VD  
NAME MORAN, RAYMOND  
STREET ADDRESS 870 WREN AVE  
CITY-ST-ZIP MIAMI SPRINGS FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE TD  
NAME BANN, PETER G  
STREET ADDRESS 990 IBIS AVE  
CITY-ST-ZIP MIAMI SPRINGS FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE PD  
NAME WILSON, BUTCH  
STREET ADDRESS 12980 N.W. 30TH AVENUE  
CITY-ST-ZIP OPA LOCKA FL

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE VD  
NAME UNDERWOOD, AL  
STREET ADDRESS 5995 NO BAYSHORE DR  
CITY-ST-ZIP MIAMI FL

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VD  
BOELL, DON  
76 NW 111 ST  
MIAMI SHORES, FL 33168

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 617, 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: *Peter G. Bann* SIGNATURE: PETER G. BANN, TREAS.

2/23/99 (305) 887-9816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)