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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001782 (9)

PHOENIX GLOBAL AVIATION CORPORATION

FILED Feb 06 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address					•••••		
25 2ND ST., N., St Petersbur		25 2ND ST., N., #440 ST PETERSBURG FL 33701-3362								
							3. Date Incorporated or Qualified 04/09/1996	3a. Dat	e of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	<u>, , , , , , , , , , , , , , , , , , , </u>	A	pplied For
21		26					13-3689794 Not Applicable			
Suite, Apt	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip			untry	,	8. This corporation has liability for	ntangible t	ax under	s. 199.032,
24	25 29			30			Florida Statutes 🔀 Yes 🔲 No			
	9. Name and Address of Currer	n Regist	ered Agent		L		10. Name and Address of New Re	gistered A	gent	
SMIT	TH, RE				81	Name				
25 2ND ST., N., #440 ST PETERSBURG FL 33701					82	Street Add	iress (P.O. Box Number is Not Acceptab	ile)		
					В3					
					84	City		FL	85 Zip	Code
11 Purcusot	to the newsions of Sections 607 050	12 and 60	7 1508 Florida Stat	utes the e	bou	e-named cor	poration submits this statement for the p	4 1111	changing	its registered
office or r	egistered agent, or both, in the State	of Florid	a Such change was	authorize	d by	the corpora	tion's board of directors. I hereby accep	t the appo	intment ar	s registered
l agent. Lai I	m familiar with, and accopt the obliga-	ations of.	Section 607.0505, I	Fibrida Sta	tutes	S.				
SIGNATURE	Signature, typed or printed name of registered age		4	OYE D. C.	J		Ired when reinstating)	DATE		
12.	OFFICERS AN			13.		ent signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PTD	EJ DITEO	DELETE	1.1 T			ADDITIONS/CITAINGES TO CITTE		Change	Addition
NAME	SMITH, R E		_ otten	1.2 N				'	Onlingo	
	25 2ND ST., N., #440			1		0020004				
STREET ADORESS	ST PETERSBURG FL 33701					ADDRESS				
CITY-ST-ZIP			DELETE			I - ZIP			05	Adates
THLE	S Oversi (INDA M		☐ DECEIE	2.1 7		}			L. Change	Addition
NAME	SMITH, LINDA M				IAME					
STREET ADDRESS	25 2ND ST., N., #440			2.3 \$	TREET	ADDRESS				
CiTY+ST-ZiP	ST PETERSBURG FL 33701					ST-ZIP				
HILE			DELETE	317	ITLE		A.,	***	L Change	Addition
NAME					IAME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP					_	ST-ZIP				
TITLE			DEFELE	4 1 T	ITLE				Change	Addition
NAME				4.21	NAME					
STREET ADDRESS				4.3 \$	TREET	ADDRESS				
CITY-ST-ZiP				4.4 0	HY-S	ST-ZIP				
TITLE			☐ DELETE	5,1 T	ITLE				Change	Addition
NAME				5.2 N	AMÉ					
STREET ADDRESS				5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	CITY-5	ST-ZIP				
TITLE			DELETE	6.1 T					Change	Addition
NAME				6.2 N	IAME				-	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST-ZIP				
OTT 1 - OT - EIF				9.4 (, 11 1 ° E	/: A1				

14. I do hereby certify that the information supplied with this filling floes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arms report or supplymental arms 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 comporation 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 1 changed, or on an attrohyment with an address.

SIGNATURE: