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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000001782 (9)

Mailing Address	
25 2ND ST., N., #440 ST PETERSBURG FL 33701	
	25 2ND ST., N., #440

**FILED** Jan 23 1998 8:00am Secretary of State

PHOEN	IIX GLOBAL AVIATION COR	PORATION				
Principal Plac	e of Business	Mailing Address		—		
25 2ND ST		25 2ND ST., N., #440 ST PETERSBURG FL 3370	ı	DO NOT WRITE IN TH	IS SPACE	
1				3. Date incorporated or Qualified		
				04/09/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		13-3689794	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25   9 Name and Address of Curren		30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No	
		r negistered Agent	81 Name	10. Name and Address of New Register	su Agent	
	ITH, RE		131 110110			
	2ND ST., N., #440		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
) Si	PETERSBURG FL 33701		83			
			84 City	r	85 Zip Code	
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.						
i .	m tammar with, and accept the obliga	mons of section 607.0000, Fion	ida Sialdies.			
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	·	
12.	OFFICERS AND	DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	SMITH, RE		1.2 NAME			
STREET ADDRESS	25 2ND ST., N., #440		1.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4 CITY-ST-ZIP			
TITLE	\$	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	SMITH, LINDA M		2.2 NAME			
STREET ADDRESS	25 2ND ST., N., #440		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		The ere	3.4. CITY-ST-ZIP		Change Addition	
TIFLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		L. OLLLIE	5.1 TITLE 5.2 NAME			
NAME CYPIET ADDRESS						
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition	
]			6.2 NAME			
NAME CTREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS	_		1			
CITY-ST-ZIP	ertify that the information symbled we	th this filing/does not qualify for	6.4 City-ST-ZiP	Section 119 07(3)(i) Florida Statutes I further	certify that the information	

pried with this initigaces for quality for the exemption stated in Section (19.07(5)(0, Florida Statutes. Hutther certify that the informatic emental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.