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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001782 1. Corporation Name

PHOENIX GLOBAL AVIATION CORPORATION

Principal Place of Business 25 2ND ST., N., #440 ST PETERSBURG FL 33701

Mailing Address ·

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

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90029 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/09/1996

Z. Principal F	Place of Business	za. Mailing Address			4. FEI Number	Ap	plied For
21	•	26			13-3689794	No	t Applicable
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 A Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing	S5.00	May Bo
23					Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current		_
						□No	
 _	9. Name and Address of Current I				10. Name and Address of New Reg	jistered Agent	
SMITH, R E 25 2ND ST., N., #440			81	Name Street Address (P.O. Box Number is Not Acceptable)			
OT DETERORIDO EL 20704							
51.1	PETERSBURG FL 33701	•	83			4 4	7 (4)
**			84	Oit.		les 34	(2 d 2 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d
			64	City		FL 85 Zip C	>oae
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	, the above	-named corpo	oration submits this statement for the pu	rpose of changing its	registered
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was aut ns of, Section 607,0505, Florid	horized by la Statutes.	the corporatio	n's board of directors. I hereby accept t	he appointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agen	t signature required	when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		A State of the Sta	Change	☐ Addition
NAME	SMITH, R E		1.2 NAME	-	•		
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701		1,4 CITY-ST	-7IP			
TITLE	S	☐ DELETE	2.1 TITLE	~		[] Change	Addition
NAME .	SMITH, LINDA M		2.2 NAME	1			_
STREET ADDRESS		•	2.3 STREET	ADORESS			
1000	ST PETERSBURG FL 33701						
CITY-ST-ZIP	31 PETENSDUNG PL 33/01	☐ DELETE	2.4 C/TY-S' 3.1 T/T/LE	1-212		Change	Addition
924	State of the state			1		onange	
NAME /	1.65 (2.5)	4.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.2 NAME	}			
STREET ADDRESS	を終めるできる。		3.3 STREET	ADDRESS			. 1 lat
CITY-ST-ZIP	 		3.4. CITY-S	r-ZIP	_ 		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	. S 4 37		4. 2 NAME	İ			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME]			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	المناورين		5.4 CITY-ST	-ZIP			
TITLE	केल्डाकी हरी	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	25 375 570.		6.2 NAME			_ ,	
STREET ADDRESS	STREETS OWN OF THE		6.3 STREET	ADDRESS			1
CITY_ST_7IP ?	Singura and states		6.4 CITY-ST				
VALUE STEED 1							

euplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplymental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or strofficer or director of the compration Block 12 or Block 13 if

SIGNATURE: