

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

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

05-05-1999 90067 023 \*\*\*150.00

DOCUMENT # F98000004487

1. Corporation Name

INTERNATIONAL FLIGHT TRAINING LIMITED INCORPORATED

Principal Place of Business

3100 AIRMANS DR.  
FT. PIERCE FL 34946

Mailing Address

3100 AIRMANS DR.  
FT. PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

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 2965 CURTIS KING BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 2965 CURTIS KING BLVD  
Suite, Apt. #, etc.

23 FORT PIERCE  
City & State

24 34946 25 USA  
Zip Country

28 FORT PIERCE  
City & State

29 34946 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

FISHER, S. MR.  
3100 AIRMANS DR.  
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name FISHER, S. B. MR  
82 Street Address (P.O. Box Number is Not Acceptable)  
2965 CURTIS KING BLVD  
83  
84 City FORT PIERCE FL 85 Zip Code 34946

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, S. MR.	
STREET ADDRESS	1401 56TH SQ.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	CV	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, A. MRS.	
STREET ADDRESS	1401 56TH SQ.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, STEPHEN	
STREET ADDRESS	1401 56TH SQ.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	E FISHER, S. B. MR
1.3 STREET ADDRESS	8515 DE-HAVILLAND CT
1.4 CITY-ST-ZIP	VERO BEACH FL 32968
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CV FISHER, A. MRS
2.3 STREET ADDRESS	8515 DE-HAVILLAND CT
2.4 CITY-ST-ZIP	VERO BEACH FL 32968
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/4/99

Date

561 489 3619

Daytime Phone #

CR2E034 (1/198)