

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90058 013 \*\*\*158.75

DOCUMENT # F98000005877

1. Corporation Name

GULFSTREAM INTERNATIONAL AIRLINES TRAINING ACADEMY, INC.

Principal Place of Business

5302 N.W. 21ST TERRACE  
FT LAUDERDALE FL 33309

Mailing Address

~~5302 N.W. 21ST TERRACE~~  
~~FT LAUDERDALE FL 33309~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

71-0724279

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 1815 Griffin Rd.

27 Suite, Apt. #, etc.

28 DANIA FL

29 33004

30 USA

9. Name and Address of Current Registered Agent

COOPER, THOMAS P

~~5302 N.W. 21ST TERRACE~~

~~FT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name

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

1815 Griffin Rd.

83 Suite 400

84 City DANIA

FL

85 Zip Code 33004

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

Thomas P. Cooper, Vice President

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

(NOTE: Registered Agent signature required when reinstating)

1/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE CS ☒ DELETE

NAME HARGUS, HAERSCHELL

STREET ADDRESS 1757 AIRPORT RD

CITY-ST-ZIP RUSSELVILLE AR 72802

TITLE PV ☒ DELETE

NAME HARGUS, CAROLINE

STREET ADDRESS 1757 AIRPORT RD

CITY-ST-ZIP RUSSELVILLE AR 72802

TITLE V ☐ DELETE

NAME COOPER, THOMAS P

STREET ADDRESS 5302 NW 21ST TERRACE

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ 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 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:

Thomas L. Cooper

THOMAS L. COOPER

1/27/99

554-266-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)