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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G50816

(9)

FLYBOY PRODUCTS, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Prace of Business 2000A TIGERTAIL BLVD. 1550 N.E. MIAMI GARDENS DR., SUITE 305 DANIA FL 33004 US		2030A TH 1550 N.E DANIA FI	Mailing Address 2030A TIGERTAIL 1550 N.E. MIAMI GARDENS DR., SUITE 306 DANIA FL 33004-2107 US			1				
U3		Uð	U9			3. Date Incorporated or Qualified 07/21/1983	21/1983 04/11/1996		eport	
2. Principal	Place of Business	2a. Mail	2a. Mailing Address			4. FEI Number	Ţ	Ap	plied For	
21		26				59-2319243			t Applicable	
Suite, Apt. #, etc.		 ,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$i8.75 Additional Fee Required		
City & St	ate		& State			6. Election Campaign Financing	\$	5.00	Мау Ве	
23		28				Trust Fund Contribution			to Fees	
Zιp	Country	Zip		Country	y	8. This corporation has liability for	intangible tax u	nder s.	. 199.032,	
24	25	29		30			Yes No			
	9. Name and Address of Cu	rrent Registered	Agent			10. Name and Address of New Re	gistered Agent	!		
	sen, gene s., esq.			81	Name					
	60 n.e. miami gardesn dr. TTE 305			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)			
NO	RTH MIAMI BEACH FL 33179			B3						
				84	Cily		FL 85	Zip	Code	
office of agent 1		tale of Florida Si bligations of, Sec	uch change was au etion 607.0505, Flor	ida Statute	y the corpora	ation's board of directors. I hereby accep	ot the appointre	erit as	registereo	
	Star date, based or brinted name of registare	d agent and title diacrdi	cable (NOTE:	Registered Ap	en) signature regi	ulted when reinstating)	DATE			
12.	Signature, typical or printed manie of registing OFFICERS	d agent and title if appli AND DIRECTOR		Hegistered Ap	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12	
12. Till E	OFFICERS				eni signalure req		CERS AND DIFE	CTOR hange	RS IN 12	
	DVT LARUSSO, CHAROLTTE	AND DIRECTOR	DELETE	13.	ent signature req		CERS AND DIFE			
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• Two monety certify that the information supplied with this tiling does not quality 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 807, Florida Statutes; and that my name appears in Block 12 or Block 134) chapter, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone it 0112088