Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90096 007 ***150.00

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 # **H81424**

1. Corporation Name

1	WORLD /	aircraft flight operati	ions, inc.				1418 11811 B181 B181 B	ian Bibli Bibli B	 	
Pri	ncinal Place	of Business	Mailing Address	_			1810 11911 9191 9191f 0	IBM BIBN BIBN B		
j	1 PEMBROKI		7501 PEMBROKE ROAD #6							
SUITE #6 HOLLYWOOD FL 33023						DO NOT	WOITE IN THIS	SDACE		
	llywood fi	L _. 33023					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US						10/18/1985	aneo			
2.	Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Number		App	plied For	
21			26			<u>59-2589811</u>		Not	t Applicable	
	Suite, Apt. #	#. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	ed 🗆	\$8.75 △		
22		· · · · · · · · · · · · · · · · · · ·	27					Fee Re	·	
	City & State		<u> </u>	City & State		Election Campaign Finar Trust Fund Contribution	icing 🗀	\$5.00 Added to		
23	Zip	Country		Zip Country		8. This corporation owes th	e current vear int			
24	¬ ¯′		<u></u> ⊢			Personal Property Tax.	s content year in		□No	
24		9. Name and Address of Current	T	<u>-</u>	——————————————————————————————————————	10. Name and Address of I	lew Registered	Agent		
				8	1 Name					
		RENCE FENSOME		8	2 Street Ad	Idress (P.O. Box Number is Not A	ceptable)			
		PEMBROKE ROAD #6 LYWOOD FL 33023		ļ.						
ļ	пош	LTWOOD FL 33023		8	3					
			•	8	4 City		El	85 Zip C	ode	
					,					
11	. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ve-named co	orporation submits this statement for	or the purpose of	changing its	registered	
11	office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	nt Florida. Such change was autt	norizea t	v the corpora	orporation submits this statement feation's board of directors. I hereby	or the purpose of accept the appoi	changing its ntment as reg	registered gistered	
	office or re agent. I ar	egistered agent, or both, in the State on the state of the state of the obligation o	of Florida. Such change was auti ions of, Section 607.0505, Florid	orized t a Statut	es.	ation's board of directors. I hereby	accept the appoi	changing its ntment as reg	registered gistered	
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CITY-ST-ZIP this filing does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual report is the and accordate and that my signature shall have the same legal effect as if made under oath; that I am an other or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with all address, with all other like empowered. 14. I hereby certify that the information supplied of indicated on this annual report or supplement officer or director of the corporation or the report of the corporation of the co

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition