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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90191 047 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J37147 1. Corporation Name PRO FLIGHT CENTER, INC.					
Principal Place of Business % MARGARET LANG 1419 LAKE BASS DRIVE LAKE WORTH FL 33461			Mailing Address % MARGARET LANG 1419 LAKE BASS DRIVE LAKE WORTH FL 33461		
2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____		2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip _____ Country _____ 29 _____ 30 _____		3. Date Incorporated or Qualified 10/07/1986 4. FEI Number 59-2745561 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LANG, MARGARET 1419 LAKE BASS DRIVE LAKE WORTH FL 33461			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City FL 85 Zip Code _____		
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 PD <input type="checkbox"/> DELETE NAME LANG, MARGARET STREET ADDRESS 1419 LAKE BASS DRIVE CITY-ST-ZIP LAKE WORTH FL 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 _____ 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 type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ 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: MARGARET W. LANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

561-582-8570
Daytime Phone #

CR2E034 (1/98)

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