

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K34611 (9)

1. Corporation Name
ANGLO AIRLINES, INC.



Principal Place of Business
% GRAHAM F. WHITFIELD
1870 FOREST HILL BLVD.
W. PALM BEACH FL 33406

Mailing Address
% GRAHAM F. WHITFIELD
1870 FOREST HILL BLVD.
W. PALM BEACH FL 33406-8901

3. Date Incorporated or Qualified 09/22/1988
3a. Date of Last Report 03/06/1996

2. Principal Place of Business
21 2150 South Congress Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 2150 South Congress Ave
Suite, Apt. #, etc.

4. FEI Number 65-0101886
Applied For
Not Applicable

22 City & State
23 West Palm Beach, FL

27 City & State
28 West Palm Beach, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33406-7604
25 Country USA

29 Zip 33406-7604
30 Country USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITFIELD, GRAHAM F.
1870 FOREST HILL BLVD.
W. PALM BEACH FL 33406

81 Name Whitfield, Graham
82 Street Address (P.O. Box Number is Not Acceptable)
2150 South Congress Avenue
83
84 City West Palm Beach, FL FL 85 Zip Code 33406

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 *Graham Whitfield* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Graham Whitfield, President

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITFIELD, GRAHAM F.	
STREET ADDRESS	1870 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BEACH 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		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Whitfield, Graham F.	
1.3 STREET ADDRESS	2150 South Congress Avenue	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33406-7604	
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 do 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.

SIGNATURE: *Graham Whitfield* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Graham F. Whitfield, President

Date Daytime Phone #

CP2E034 (9/96)