


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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K34611** (9)

1. Corporation Name
ANGLO AIRLINES, INC.

Principal Place of Business

**2150 SOUTH CONGRESS AVE.
1870 FOREST HILL BLVD.
W. PALM BEACH FL 33406-7604
US**

Mailing Address

**2150 SOUTH CONGRESS AVE.
1870 FOREST HILL BLVD.
W. PALM BEACH FL 33406-7604
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1988

4. FEI Number

65-0101886

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2150 South Congress Ave

Suite, Apt. #, etc.

22 WEST PALM BEACH

City & State

FLA

23 33406-7604

Country

2a. Mailing Address

26 Post Office Box 870

Suite, Apt. #, etc.

27 PALM BEACH

City & State

FLA

29 33480

Country

9. Name and Address of Current Registered Agent

**WHITFIELD, GRAHAM
2150 SOUTH CONGRESS AVENUE
W. PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name

Please send to NEW

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

MAILING ADDRESS!

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

Graham F. Whitfield

GRAHAM F. WHITFIELD

2/22/98

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	D	<input type="checkbox"/> DELETE
NAME	WHITFIELD, GRAHAM F.	
STREET ADDRESS	2150 SOUTH CONGRESS AVENUE	
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
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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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRAHAM F. WHITFIELD	
1.3 STREET ADDRESS	2150 SOUTH CONGRESS AVENUE	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

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.

SIGNATURE **Graham F. Whitfield** **GRAHAM F. WHITFIELD** **2/22/98**

CR2E034 (10/97)