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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Mar 11, 1999 8:00 am Secretary of State **Katherine Harris** 03-11-1999 90180 005 ***150.00

DOCUMENT # M21593 1. Corporation Name

FLYING	auto, inc.					
Principal Place	e of Business	Mailing Address				T (091063) 110 11001 11001 41110 10188 1111 01011 01011 01011 01011 41011 01011
10912 WILES RD CORAL SPRINGS FL 33076 US		10912 WILES RD CORAL SPRINGS FL 33076 US	}			DO NOT WRITE IN THIS SPACE
00					_	3. Date Incorporated or Qualifed
						10/07/1985
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21						59-2593249 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required
City & State	<u> </u>	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No
2-4	9. Name and Address of Currer		17-1	Τ		10. Name and Address of New Registered Agent
				81	Name	
FLEISHER, ANDREW D. 55 WESTON BEACH				82	Street A	t Address (P.O. Box Number is Not Acceptable)
				83		
	ite, Apt. #, etc. y & State Country 25 9. Name and Address of Cur FLEISHER, ANDREW D. 55 WESTON BEACH SUITE 300 FORT LAUDERDALE FL 33326 ursuant to the provisions of Sections 607.0 ffice or registered agent, or both, in the Stagent. I am familiar with, and accept the obl ATURE Signature, typed or printed name of registered OFFICERS PD RUGGIANO, MICHAEL 9725 N.W. 36 MANOR CORAL SPRINGS FL 33065 VD RUGGIANO, SHEILA 9725 N.W. 36 MANOR CORAL SPRINGS FL 33065 TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP			84 City		FL 85 Zip Code
11. Pursuant office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was a stions of, Section 607.0505, Flo	tes, the a luthorize orida Stat	bove d by utes	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Standard and a sected are of martered and	nt and title if applyable (NOT	Registere	1 Apen	it signature re	required when reinstating) DATE
12.		ND DIRECTORS	13.	27 igroii	n organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 T	ITLE		Change Addition
NAME .	-		1.2 N	AME		
STREET ADDRESS	-		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	i i		14 C	ITY-\$1	r-ZIP	
TITLE		☐ DELETE	2.1 T			Change Addition
NAME	, · · · · · · · · · · · · · · · · · · ·		2.2 N	AME		
STREET ADDRESS	T		2.3 S	TREET	ADDRESS	3
CITY-ST-ZIP			2.40	XTY-S	IT-ZIP	
TITLE	<u> </u>	☐ DELETE	3.1 T	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	TADDRESS	5
CITY-ST-ZIP	;		3.4. 0	CITY-S	IT-ZIP	
TITLE		☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME			4.21	NAME		-
STREET ADDRESS			4.3 S	TREET	ADDRESS	3
CITY-ST-ZIP			4.4 C	rry-si	T-ZIP	
TITLE		☐ DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	AME,		
STREET ADDRESS			5.3 S	TREET	FADDRESS	\$
CITY-ST-ZIP			_	ITY-S1	T-ZIP	<u> </u>
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
MANE			6.2 N	AME	1	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS