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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200006496 (3)

PHIL AIR FLIGHT CENTER, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailine Address					L 1801/ <del>2</del> 01 010 10110 1404 30111 00114 1271 00117 00117 0114 0010 0010 0114 000		
Principal Place of Business Mailing Address  1585 AVIATION CENTER PARKWAY 1585 AVIATION CENTER PARKWAY							
BUILDING I.		BUILDING I. SUITE 900	PAHKWAT				
DAYTONA BEACH FL 32114			DAYTONA BEACH FL 32114		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					11/03/1992		
<del></del>	Place of Business	2a, Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.			26		59-3153499	Not Applicable	
<b>—</b>	ii. #, <b>e</b> ic.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & St	ata	City & State			- Floris - October 1985	<del></del>	
23	ate	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Counti		8. This corporation owes or has paid the c		
24	25	29	30	•	Personal Property Tax due June 30.	Yes No	
<u>•</u> ••	g. Name and Address of Curr		1		10. Name and Address of New Registered		
Н	ERRON, PHILLIP		81	Name			
	585 AVIATION CENTER PARKW	NY.		Stroot Add	roon (D.O. Boy Mumber is Not Assentable)	•	
	TE 900	••	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	AYTONA BEACH FL 32114		83	3			
			_	•			
			84	4 City	F	85 Zip Code	
agent. 1 SIGNATURE	am familiar with, and accept the oblining and accept the oblining signature, typed or printed nanc of registered.				red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	HERRON, PHILLIP		1.2 NAME				
STREET ADDRESS		MKWAY, SIE 900	1.3 STREE	1 ADDRESS			
CITY-\$T-ZIP	DAYTONA BEACH FL 3211		1.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	l		Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	5			T ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY	<del></del>		Change Addition	
TITLE		[11] Dette it	3.1 TITLE			Change Addition	
NAME OTOGET ADDRESS	.]		3.2 NAME				
STREET ADDRESS	<b>'</b> [			T ADDRESS			
CITY-ST-ZIP TITLE	<del> </del>	DELETE	3.4. CITY- 4.1 TITLE	-51-2112		Change Addition	
NAME		- Dett it	4.1 ITEE	.		The constant of the control of the c	
	,[			l l			
STREET ADDRESS	'			T ADDRESS			
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITY- 5.1 TITLE	01-11r		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS	, [			T ADDRESS			
CITY-ST-ZIP	<b>'</b>		5.4 CITY-				
TITLE		DELETE	6.1 TITLE	or, til.		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	[]		6.4 CITY -				
101 ( - a) ( - f)F							

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 supplimental 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.

SINONATURE SINIA

02-01-98