

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000008092

1. Corporation Name  
SOUTHERN PRIDE AVIATION, INC.

Principal Place of Business  
1625 W COMMERCIAL BLVD  
HANGAR 16  
FT LAUDERDALE FL 33309  
US

Mailing Address  
401 NORTHLAKE BLVD  
NORTH PALM BEACH FL 33408  
US

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90238 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/02/1993

4. FEI Number  
65-0400066

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 1625 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

27 HANGAR 16

28 FT. LAUDERDALE FL.

29 33309 30 US

9. Name and Address of Current Registered Agent

BYERS, JOHN C  
4922 DYER BLVD.  
W PALM BCH. FL 33407

10. Name and Address of New Registered Agent

81 Name OBRIEN, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)  
5500 NW 21 TERR. # 16

83 1625 W. Commercial Blvd

84 City FT. LAUDERDALE FL 85 Zip Code 33309

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 04-30-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BYERS, JOHN C  
STREET ADDRESS 4922 DYER BLVD.  
CITY-ST-ZIP W PALM BCH. FL 33407

TITLE VP ☐ DELETE  
NAME OBRIEN, MICHAEL  
STREET ADDRESS 5500 NW 21 TERR # 16  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04-30-99 DAYTIME PHONE 561-840-2075

CR2E034 (11/98)