

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000043690 (5)

1. Corporation Name

PROFESSIONAL FLIGHT TRANSPORT, INC.



Principal Place of Business

Mailing Address

% PATRICIA F. ROSS  
1685 W. COMMERCIAL BLVD., EXEC AIRPORT 39A  
FORT LAUDERDALE FL 33309  
US

% PATRICIA F. ROSS  
1685 W COMMERCIAL BLVD., EXEC AIRPORT 39A  
FORT LAUDERDALE FL 33309  
US

3. Date Incorporated or Qualified  
06/14/1993

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1885 W Commercial

26 See #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #120

27

City & State

City & State

23 Ft Lauderdale, FL

28

Zip

Zip

24 33309

Country

Country

25 USA

29

9. Name and Address of Current Registered Agent

4. FEI Number  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

ROSS, PATRICIA F  
1685 W. COMMERCIAL BLVD.  
EXECUTIVE AIRPORT - HANGAR 41  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name ROSS, PATRICIA F.  
82 Street Address (P.O. Box Number is Not Acceptable) 1885 W Commercial Blvd  
83 Suite #120  
84 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 typed or printed name of registered agent and filer of application

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME ROSS, PATRICIA F  
STREET ADDRESS 2355 DOVER  
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ DELETE

TITLE VD  
NAME FAY, JOHN M III  
STREET ADDRESS 441 WEST LAKE DASHA DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PATRICIA F. ROSS  
PATRICIA F. ROSS PRESIDENT

954-9389508  
Dwayne P. Smith

CR2E034 (12/95)