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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1885 WEST COMMERCIAL BOULEVARD
SUITE 120
FORT LAUDERDALE FL 33309
US

Mailing Address

1885 WEST COMMERCIAL BOULEVARD
SUITE 120
FORT LAUDERDALE FL 33309-3096
US

3. Date Incorporated or Qualified
06/14/1993

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ROSS, PATRICIA F
1885 WEST COMMERCIAL BOULEVARD
SUITE 120
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PSTD

NAME ROSS, PATRICIA F
STREET ADDRESS 2355 DOVER
CITY-ST-ZIP FORT LAUDERDALE FL 33328

TITLE VD

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

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE PSTD
1.2 NAME ROSS, Patricia F
1.3 STREET ADDRESS 25341 Golf View Dr
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33327

2.1 TITLE VD

2.2 NAME FAY, JOHN M III
2.3 STREET ADDRESS 4176 PALMETTO TRAIL
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33327

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Patricia F. Ross

4/28/97

CR2E034 (9/96)