

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		FILED 00 JAN -3 PM 1:44 TALLAHASSEE, FLORIDA	
DOCUMENT # <i>Pg3000074116</i>				556401 - 90086 - 18	
1. Corporation Name <i>INTERNATIONAL AVIATION TRAINING (HOLLAN) INC</i>				DO NOT WRITE IN THIS SPACE <i>5-17-99 90086-01</i>	
Principal Place of Business <i>3026 CARRIER AVE BLDG 439 SUITE 100 SANFORD FL 32773</i>		Mailing Address <i>3026 CARRIER AVE BLDG 439 SUITE 100 SANFORD FL 32773</i>		3. Date Incorporated or Qualified <i>150</i>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For	
21	26			Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State	City & State	Trust Fund Contribution			
23	28	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30		
24	25				
9. Name and Address of Current Registered Agent <i>CORSTEN HUGO R.E. 696 STONEFIELD LOOP HEATHROW FL 32746</i>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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					
(NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 NAME					
4.2 STREET ADDRESS					
4.3 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 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.					