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Apr 16, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000086500

1. Corporation Name  
PHOENIX AIR TRANSPORT, INC.

Principal Place of Business  
8201 SW 188TH ST.  
MIAMI FL 33157

Mailing Address  
8201 SW 188TH ST.  
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/13/1993

4. FEI Number  
65-0485086  
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CELESTE MACIVOR  
8201 SW 188TH ST.  
MIAMI FL 33157

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 By: Celeste Mac Ivor S/T CELESTE MACIVOR DATE 3-25-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PTD  
NAME MACIVOR, JAMES P  
STREET ADDRESS 8201 SW 188 ST  
CITY-ST-ZIP MIAMI FL 33157

1.1 TITLE PD  
1.2 NAME JAMES P. MACIVOR  
1.3 STREET ADDRESS 8201 SW 188 ST  
1.4 CITY-ST-ZIP MIAMI FL 33157

TITLE S  
NAME MACIVOR, CELESTE  
STREET ADDRESS 8201 SW 188 ST  
CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE ST  
2.2 NAME CELESTE MACIVOR  
2.3 STREET ADDRESS 8201 SW 188 ST  
2.4 CITY-ST-ZIP MIAMI FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

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: By: Celeste Mac Ivor S/T

DATE 3-25-99

DAYTIME PHONE # 305-235-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (1/98)