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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000087295 (0)

1. Corporation Name
WORLD AIRCRAFT FLIGHT TRAINING, INC.

Principal Place of Business
11810 N.W. 23RD STREET
PEMBROKE LAKES FL 33026

Mailing Address
11810 N.W. 23RD STREET
PEMBROKE LAKES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 05/01/1994

2. Foreign Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number ~~APPLIED FOR~~ 65-0446105 Applied For / Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has elected to be classified for taxation under S. 1911.012 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FENSOME, TERRANCE A.
11810 NW 23RD ST.
, PEMBROKE LAKES FL 33026

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Type or print name of registered agent or the chairman ... Date: Type or print name of registered agent

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	FENSOME, TERRANCE	11810 NW 23RD STREET	PEMBROKE LAKES FL 33026
D	FENSOME, SARA M	11810 NW 23RD STREET	PEMBROKE LAKES FL 33026

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

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City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

14. I hereby certify that the information supplied with this filing is true and accurate and I apply for the exemption stated in Section 119.07(3)(h), 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 is added in Block 13 per instructions.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR

Title Date

000087295 CP