## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 11810 N.W. 23RD STREET

PEMBROKE PINES FL 33026-1413

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11810 N.W. 23RD STREET

PEMBROKE PINES FL 33026



IM Musoun

FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

4.9.97 984 966 9750 Date Phone #

3. Date Incorporated or Qualified

12/22/1993

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087295 (0)

WORLD AIRCRAFT FLIGHT TRAINING, INC.

4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0461057 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apl # etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 26 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032,  $Z_{\rm ID}$ Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FENSOME, TERRANCE A. 11810 NW 23RD ST. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. S:GNATURE Styriatine, type thor printed name of impetered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 13. 12 \_\_\_ Addition DELETE Change 1.1 TITLE TITLE FENSOME, TERRANCE 1.2 NAME NAME 11810 NW 23RD STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY - ST - ZIP City-St 2E DELETE Change Addition 2.1 TITLE THE FENSOME, SARA M 2.2 NAME NAME 11810 NW 23RD STREET 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 2.4 CITY - ST - ZIP CITY-ST-20 DELETE Change Addition 3.1 TITLE 1011 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP DITY-ST ZP Change Addition DELETE 41 TITLE HILE -NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - \$1 - ZIP DELETE Change Addition 5.1 TITLE JHU 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CłTY - ST-ZIP CHY-\$1-78 Change Addition DELETE 6.1 TITLE JIII NAM. 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP City-St-7iP 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