

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087295 (0)

1. Corporation Name

WORLD AIRCRAFT FLIGHT TRAINING, INC.



Principal Place of Business 11010 N.W. 23RD STREET PEMBROKE PINES FL 33026 US	Mailing Address 11010 N.W. 23RD STREET PEMBROKE PINES FL 33026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 #6 7501 Suite, Apt. #, etc. PEMBROKE ROAD City & State 23 HOLLYWOOD Zip 24 FLORIDA Country 25 33026		2a. Mailing Address 26 #6 7501 Suite, Apt. #, etc. PEMBROKE ROAD City & State 28 HOLLYWOOD FLORIDA Zip 29 33023 Country 30		3. Date Incorporated or Qualified 12/22/1993	
		4. FEI Number 65-0461057		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FENSOME, TERRANCE A. 11010 NW 23RD ST. PEMBROKE PINES FL 33026				10. Name and Address of New Registered Agent 81 Name FENSOME, TERRANCE A 82 Street Address (P.O. Box Number is Not Acceptable) 6 7501 PEMBROKE ROAD 83 HOLLYWOOD FLORIDA 84 City HOLLYWOOD FL 85 Zip Code 33023			
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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 a resident of the State of Florida, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE TERENCE A FENSOME DATE 29/APRIL/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSOME, TERRANCE	1.2 NAME	Fensome, Terence
STREET ADDRESS	11810 NW 23RD STREET	1.3 STREET ADDRESS	10341 NW 18 Place
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL. 33026
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSOME, SARA M	2.2 NAME	Fensome, Sarah M
STREET ADDRESS	11810 NW 23RD STREET	2.3 STREET ADDRESS	10341 NW 18 Place
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL. 33026
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a address.

SIGNATURE: TERENCE A FENSOME 28 JAN 98 (9549669750)

CR2E034 (10/97)