99 FEB 25 PM 1:00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLÖRIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017417 1. Corporation Name

1. Corporation Name STAGECOACH AVIATION, INC.				TALEANIASSIE, FLORIDA	
Principal Place of Business Mairing Address				, 100/100/1 tra 48/07 \$(f) 80/17 \$2/1 \$2/1 \$2/1	61 18812 81404 (ISHI 1881 1881
4051 N.W. 101ST DRIVE 4051 N.W. 101ST DRIVE CARAL SPRINGS EL 2005				1	
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 330				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
<del></del>	· · <del>- · · · · · · · · · · · · · · · · ·</del>			03/02/1995	
——————————————————————————————————————	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# ptc	<b>26</b>		65-0560994	Not Applicable
22	W, Etc.	27		5. Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Emancing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax	[ ]Yes [ ]No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
HUĐ	SON, MATTHEW C				
4051 N.W. 101ST DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33065		83		
					, program (
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above named corp	oration submits this statement for the purpose of	of changing its registered
office or ri	egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida, Such change was au tions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	on's board of directors. Thereby accept the appr	ointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a reco		Registered Agent signal active reques		
TITLE	PSTO	L DELETE	11 Tille	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 [ ] Change [ ] Addition
NAME	HUDSON, MATTHEW C	Livers	1.2 NAME		E Louisings E Livida so I
STREET AD RESS	4051 N.W. 101ST DRIVE		13 SYREET ADORESS		
CITY-ST-Z	CORAL SPRINGS FL 33065		14 CHY-ST-Ziē		
TITLE	S	XI DELETE	2.1 TIME		[ Change [ Addition
NAME	HUDSON, P.M.	, ,	2.2 NAVE	5000027,58	
STREET ADDRESS	4051 N.W. 101 DRIVE		23 STREET ADORESS	-03/02/39 ****150.00	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	[]DELETE	2 4 CiTy - ST-7iP	កកកក្សប <u>ុ</u> ម្ប	
TITLE NAME		[ ] DECE IE	3 1 TifLF		[   Change   []] Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-\$1-ZIP			33 STREET ACTIVES 55		
TITLE		[ ] DELETE	4 1 TITLE		[   Change
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZiP			4.4 CiTY-ST-ZIP		
TITLE		[] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAM		
STREET ADDRESS			53 STREET ADORESS		
CITY-ST-ZIP TITLE		[ ] DECETE	54 CITY- \$1-71F		[1] Change [1] Addition
NAME		[   DECENT	6.2 NAME		[ Lemmas [ Lwadga,
STREET ADDRESS			63 STREET ADDRESS	/	
CITY-ST-ZIP			64 CITY ST-7IF	(	461
44   hereby c	certify that the information supplied wit	h this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Horida Statutes, Horther	ertify that the information
officer or e Block 12 c	on this althus report or supplemental director of the corporation or the receiptor Block 13 if changed, or on an atlanta	annual report is true and accur or ustee empower d to ex input with an address, with all	are and that my signature ecute this report as requi other like empowered	e shall have the same logal effect as if made un fired by Chapter 607 - Florida Statutes, and that	oer dath; that I am an my name appears in

NAME OF SIGNING OFFICER OR DIRECTOR Jan 23, 1999