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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000052302** (3)

FLYING TIGER ENTERPRISES, INC.

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							}	110 11000 71111 0	9112 1191 1881
	CHAPPI WAY		3610 CHAPPI WAY	3610 CHAPPI WAY					
JACI US	K80NVILLE FL	32223	JACKSONVILLE FL 32 US	JACKSONVILLE FL 32223			DO NOT WRITE IN THIS SPACE		
ŲS	US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							07/03/1995		
2. Pri	ncipal Place o	Business	2a. Mailing Address				4. FEI Number	Ā	pplied For
21			26				59-3327243		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	h			5. Certificate of Status Desired		Additional
City & State			City & State	City & State					berlupe
23.			 	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip)				intry				
24	25 29 30			30	Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent	
FIERRO, GARY						Name			ļ
3810 CHAPPI WAY					82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32223									
					63				
					84	City	FL	85 Zip	Code
11. P	ursuant to the	provisions of Sections 607	0502 and 607 1508. Florida Sta	tutes the a		e-named corp		f changing	its registered
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, 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, 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, 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, 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, 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, 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, or both, in the State of Florida.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
						nt signature require	ed when reinstating) DATE		
12.	_	OFFICERS VST	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE		ERRO, GARY L	☐ DELETE	1.1 Ti				Change	Addition
NAME		610 CHAPPI WAY		1.2 N					
(1.00.000	ACKSONVILLE FL				ADDRESS			1
CITY-SI TITLE	- ZIP	TOTAL TE	DELETE		TLE	T-21P		Change	Addition
NAME				2.2 N					
STREET	ADDRESS					ADDRESS			
CITY-ST	r-zie			2.40	HTY-S	ST-ZIP			1
TITLE			DELETE	3.1 TI	TLE		-1-	Change	Addition
NAME	1			3.2 N	AME				
STREET	ADORESS			3.3 S	TREET	ADDRESS			
CITY-ST	T-ZIP		——————————————————————————————————————			ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T 4:	
TITLE			☐ DEL e te	4.1 19				Change	Addition i
NAME	ABB0500			4.26		1000000			
CITY-ST	ADDRESS					ADDRESS IT-ZIP			
TITLE	1-4IF		DELETE	517		11-21		Change	Addition
NAME	ĺ			5.2 N		[
l	ADDRESS					ADDRESS			
CITY-SI						T-ZIP			
TITLE			DELETE	6.1 T				Change	Addition
NAME	1			6.2 N	AME				ľ
STREET	ADDRESS			6.3 S	TAEET	ADDRESS			
CITY-S1		that the information C-	at with the first than along the control of			T-ZIP	Section 119 07/3/(i) Florida Statutes I further of		

To properly 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 acceiver or trustee emptywered 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 add ess.

SIGNATURE:

904-260-2544