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

**PROFIT** CORPORATION ANNUAL REPORT

1999 ·



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000077217 1. Corporation Name

DISCOVERY AIR CHARTER, INC.

Principal	Place	of	Business

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90043 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/02/1995  4. FEI Number Applied For S9-3337031  5. Certifcate of Status Desired S8.75 Additional Fee Required  6. Election Campaign Financing S5.00 May Be
10/02/1995  4. FEI Number
59-3337031  Solution Status Desired Status Desired Status Desired Selection Campaign Financing Solution Selection Campaign Financing Solution Selection Campaign Financing Solution Selection Select
5. Certificate of Status Desired Status Desired Fee Required  6. Election Campaign Financing S5.00 May Be
5. Certificate of Status Desired See Required  6. Election Campaign Financing S.00 May Be
9, 2,000,000
9, 2,000,000
Trust Fund Contribution Added to Fees
1,000
This corporation owes the current year Intangible     Personal Property Tax.
10. Name and Address of New Registered Agent
IV. Name and Address of the tropics
ddress (P.O. Box Number is Not Acceptable)
FL 85 Zip Code
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	. Registered Agent signature require	d when reinstating) DATI		
42	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD DELETE	1.1 TITLE		Change	Addition
	JUHL, MARVIN T	1.2 NAME			
NAME	TOOL OUTSILE PROFES AVE	1.3 STREET ADDRESS			
STREET ADDRESS	TITUSVILLE FL	1.4 CITY-ST-ZIP		· .	
CITY-ST-ZIP	SD DELETE	2.1 TITLE		☐ Change	Addition
TITLE		2.2 NAME			
NAME	JUHL, LORRAINE M.	2.3 STREET ADDRESS			
STREET ADDRESS		2.4 CITY-ST-ZIP		-	
CITY-ST-ZIP	TITUSVILLE FL	3.1 TITLE		Change	Addition
TITLE		3.2 NAME			
NAME					
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE	☐ OFFEIG	4.1 TITLE	, α		
NAME		4. 2 NAME	1/1		
STREET ADDRESS	3	4.3 STREET ADDRESS	, 45		
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP		Change	Addition
TITLE	DELETE	5.1 TITLE	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
NAME		5.2 NAME			
STREET ADDRESS	5	5.3 STREET ADDRESS	CK Ky		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change	Addition
TITLE	DELETE	6.1 TITLE		☐ ¢nange	L Addition
NAME		6.2 NAME	(9,0)		
STREET ADDRESS	s	6.3 STREET ADDRESS			
CITY-ST-7IP		6.4 CITY-ST-ZIP	<i>"</i>		

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 an address, with all other like empowered.