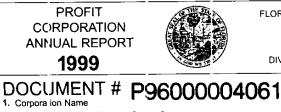
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

CORPORATE AIRWAYS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90100 019 ***150.00



D (1.1)		Mailing Address					14 8 1181 1181 1881
Principal Place of Business Mailing Address							
PO BOX 351 000							
JACKSONVILLE	FL 32235	JACKSONVILLE FL 32233			DO NOT WRITE IN THIS SPACE		
					3. Date Ir corporated or Qualifed		
					01/11/1996		
2. Principa Pt	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3366471		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee l	Recuired
City & State	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	d tc Fees
Zip	Cour try	Zip	Count	iry	8. This corporation owes the current	t year intangible	
24	25	29	30		Persor al Property Tax.	Yes	□□No
	9. Name and Address of Curren	. 			10. Name and Address of New Rec	gistered Agent	
			E	Name			
Koegler, Steven C				32 Street Add	dress (P.O. Bo) Number is Not Acceptable		
217 PONTE VERDE PARK DR			ľ	Street Act	dress (F.O. Box 140mber is 140t Acceptable	c)	
PONTE VERDE BEACH FL 32082				33			
			L				
			[8	City		FL 85 Zi	p Code
		1 207 4500 51 11 01-4	- 41	aus somed or	poration submits this statement for the pu		its registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	rf Florida. Such change was 301	thorized i	by the corpora	tion's board of directors. I hereby accept t	he appointment as	registered
SIGNATUFE							
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: F	Registered A	gent signature req ii	red when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PST	☐ DELETE	1.1 TITL	E		☐ Chang	e
NAME	DONALDSON, RICHARD R.		1.2 NAM	E			
STREET ADDRESS	855 ST. JOHNS BLUFF RD. N.		1.3 STRI	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2 1 TITL	E		Chang	e 🗌 Addition
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
			1	Y-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITL			Chang	e Addition
NAME			3.2 NAM	_			
				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		□ DELETE	4 1 TITL	Y-ST-ZIP		☐ Chang	e
TITLE		FI OFFE IS				_ 5,14119	_
NAME			4. 2 NA				
STREET ADDRESS			4.3 STR	EET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further pertify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signa ure 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 change I, or on an application of the corporation of the corporation of the corporation of the receiver of 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 change I, or on an application of the corporation of the c

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDR ESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23.99

Change

☐ Addition

☐ Addition