

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 # P96000007013

1. Corporation Name
FURY FLYER, INC.

Principal Place of Business
201 FRONT ST. BLDG 21, SUITE 109
KEY WEST FL 33040

Mailing Address
P O BOX 6446
KEY WEST FL 33040
US

2. Principal Place of Business

21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

NORQUOY, PETER
1622 LAIRD ST.
KEY WEST FL 33040

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

(Note: Registered Agent's signature is required when changing the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE
NAME NORQUOY, PETER
STREET ADDRESS 1622 LAIRD ST.
CITY-ST-ZIP KEY WEST FL 33040
TITLE [] DELETE
NAME
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP
19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP
23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP
27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

300002766263-- 1
-02/05/99--01095--002
***1050.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 305-294-2369

FILED

99 JAN 21 AM 9:02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1996
4. FEI Number
65-0640074
5. Certificate of Status Desired [] Applied For
Not Applicable
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution [] \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No
10. Name and Address of New Registered Agent

0173351

CR2E034 (11/98)