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

PROFIT CORPORATION ANNUAL REPORT

1999

WIND FLIGHT PARASAIL, INC.



DOCUMENT # P9600020797

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90131 024 ***150.00



Principal Place of Business Mailing Address					() 6.0 () 6.0 () 10.0 ()	11 4 11011 00111 16010 10	IIII 1601 LEDI		
996 O/S HIGH		960 95TH STREET							
IARATTHON FL 33050		MARATHON FL 33050				DO NOT WRITE IN THIS SPACE			
3		US	08			3. Date Incorporated or Qualifed			
					02/29/1996	3 or Qualifed			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ani	plied For	
21		26	— ·					Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					\$8.75 A		
22		27	27			us Desired	Fee Red		
City & State		City & State				n Financing	\$5.00	May Be	
23		28	28			ribution	Added to		
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible				
24	25	29	30		Personal Property	y Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		_	10. Name and Addr	ess of New Registe	red Agent		
1011	NCOM CONVAI			81 Name					
JOHNSON, SONYA L				82 Street A	ddress (P.O. Box Number is Not Acceptable)				
960 95TH STREET					set Address (r. C. Box Humber is Not Acceptable)				
MAK	ATHON FL 33050		83		•				
				84 City			. 85 Zip C	'ode	
		•		_					
SIGNATURE	Signature, typed or printed name of registered at	Jenn nd title i abbleable (NOTE:	Registered	هـ	equired when reinstating)	1 / 6/0 /			
12.	OFFICERS A	VID DIRECTORS	13.		ADDITIONS/CHAN	NGES TO OFFICERS			
TITLE	P 7 9	DELETE	1.1 TIT				☐ Change	☐ Addition	
NAME	JOHNSON, SHAWN D		1.2 NA	Į.					
STREET ADORESS			1.3 ST	REET ADDRESS					
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NAME			6.2 NA	Æ I				_ '	
STREET ADDRESS				REET ADDRESS				}	
CITY-ST-ZIP				Y-ST-ZIP					
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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 13 if changed, or open attachment with an address, with submit plantage and the provered.

SIGNATURE: