## 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 # P96000051416

Corporation Name

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90118 049 \*\*\*158.75

| FLIGHT ENTERPRISES, INC.  |   |                                    |   |                                      |                         |                 |   |                   |              |
|---|---|------------------------------------|---|--------------------------------------|-------------------------|-----------------|---|-------------------|--------------|
|   |   |                                    |   |                                      |                         |                 |   | ii end Helli ilid |              |
|   |   |                                    |   |                                      |                         |                 |   |                   |              |
| Principal Place of Business Mailing Address   |   |                                    |   |                                      |                         |                 |   |                   |              |
| 1728 BELLE COURT 1728 BELLE COURT   |   |                                    |   |                                      |                         |                 |   |                   |              |
| PUNTA GORDA FL 33950 PUNTA GORDA FL 33950   |   |                                    |   |                                      |                         | -               | DO NOT WRITE IN TH  | IS SPACE          |              |
|   |   | •                                  |   |                                      |                         | 3.              | Date Incorporated or Qualifed                             |                   |              |
|   |   |                                    |   |                                      |                         |                 | 06/17/1996  |                   | į            |
| 2. Principal Place of Business 2a. Mailing Address                                      |   |                                    |   |                                      |                         |                 | FEI Number  | Ap                | plied For    |
| 21  | 21 26   |                                    |   |                                      |                         |                 | 65-0676004  | No                | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                                    |   | -                                    |                         |                 | Certificate of Status Desired                             |                   | Additional * |
| 27  |   |                                    |   | S. Ceruica                           |                         |                 | Certificate of Status Desired                             | Fee Re            | quired       |
| City & Stat   | ity & State City & State                          |                                    |   |                                      |                         | 6.              | Election Campaign Financing                               | \$5.00            |              |
| 23  | 28  |                                    |   | •                                    |                         |                 | Trust Fund Contribution                                   | Added t           | o Fees       |
| Zip   |   |                                    |   | Country                              |                         |                 | This corporation owes the current year                    |                   | ZÍNo         |
| 24  | 25  | 29                                 | 30  |                                      |                         | <u>_</u>        | Personal Property Tax.  Name and Address of New Registere | Yes               | ZJNO         |
| · · · · · · · · · · · · · · · · · · ·   | 9. Name and Address of Curre                      | ent Registered Agent               |   | 81                                   | Name                    | 10.             | Name and Address of New Register                          | d Agent           |              |
| NAU   | JMAN, LEONARD                                     |                                    |   | ۲.,                                  | Name                    |                 |   |                   |              |
| 1728 BELLE COURT  |   |                                    | Ī   | 82                                   | Street Addres           | ss (P           | O.O. Box Number is Not Acceptable)                        |                   |              |
| PUNTA GORDA FL 33950  |   |                                    |   | 83                                   |                         |                 | <del></del>   |                   |              |
|   | .,,,  |                                    | ł   | 63                                   |                         |                 |   |                   |              |
| 1   |   |                                    | Ī   | 84                                   | City                    |                 | F   | 85 Zip            | Code         |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the |   |                                    |   |                                      |                         |                 |   |                   | registered   |
| office or a   | ragistered agent or both in the State             | e of Florida. Such change was a    | utbonzed  | nv i                                 | the comporation         | rauoi<br>1's bc | pard of directors. I hereby accept the ap                 | pointment as re   | gistered     |
| agent. I a  | am familiar with, and accept the oblig            | ations of, Section 607.0505, Flo   | rida Statu  | tes.                                 | •                       |                 |   |                   |              |
| SIGNATURE   | Signature, typed or printed name of registered ag | ant and little if population (NOTE | · Decietared /  | Agent                                | t signature required v  | when n          | reinstating) DATE   |                   | }            |
| 12.   |   | ND DIRECTORS                       | 13.   | 90                                   | t signotare requires    |                 | ADDITIONS/CHANGES TO OFFICERS                             | AND DIRECTO       | RS IN 12     |
| TITLE   | D   | ☐ DELETE                           | 1.1 7171  | LE .                                 |                         |                 |   | ☐ Change          | ☐ Addition   |
| NAME  | NAUMAN, LEONARD                                   |                                    | 1.2 NA  | 1.2 NAME                             |                         |                 | • •   |                   | }            |
| •   | STREET ADDRESS 1728 BELLE COURT                   |                                    |   | 1.3 STREET ADDRESS                   |                         |                 |   |                   |              |
| CITY-ST-ZIP PUNTA GORDA FL 33950  |   |                                    | 1.4 CITY-ST-ZIP   |                                      | r-ZiP                   |                 | ·   |                   |              |
| TITLE   |   | ☐ DELETE                           |   |                                      | -                       | -               |   | ☐ Change          | Addition     |
| NAME  |   |                                    | 2.2 NAME  |                                      | Ī                       |                 | •   |                   |              |
| STREET ADDRESS  | 2.3 S   |                                    | 2.3 STF   | 2.3 STREET ADDRESS                   |                         |                 |   |                   | 1            |
| CITY-ST-ZIP   | į   |                                    | 2. 4 Cf1  | 2. 4 CrTY+ST-ZiP                     |                         | _               |   |                   |              |
| TITLE   | ☐ DELETE 3.1 T                                    |                                    | 3.1 TIT   | LE                                   |                         |                 | -   | ☐ Change          | ☐ Addition   |
| NAME  |   |                                    | 3.2 NA  | ME                                   |                         |                 | •   |                   | 1            |
| STREET ADDRESS  | 3.33  |                                    | 3.3 STF   | REET                                 | ADDRESS                 |                 |   |                   | ì            |
| CITY-ST-ZIP   | 34.   |                                    | 3.4. CIT  | 3.4. CITY-ST-ZIP                     |                         |                 |   |                   |              |
| TITLE   | ☐ DELETE 4.1 T                                    |                                    | 4.1 T/II  | 1 TITLE                              |                         |                 |   | ☐ Change          | ☐ Addition \ |
| NAME  |   |                                    | 4. 2 NAME   |                                      | ļ                       |                 |   |                   | -            |
| STREET ADDRESS  | ·   |                                    | 4.3 STREE   |                                      | ADDRESS                 |                 |   |                   |              |
| CITY-ST-ZIP   |   |                                    |   |                                      | 4.4 CITY-ST-ZIP         |                 |   |                   | {            |
| TITLE   |   |                                    | 4.4 CIT   | Y-ST                                 | r- ZIP                  |                 |   |                   |              |
| NAME  |   | ☐ DELETE                           | 5.1 TITI  | LE                                   | r-zip                   |                 | · · · · · · · · · · · · · · · · · · ·                     | Change            | ☐ Addition   |
|   |   | DELETE                             | 5.1 TITI<br>5.2 NAJ   | LE<br>ME                             |                         |                 | · · · ·   | Change            | ☐ Addition : |
| STREET ADDRESS  |   | ☐ DELETE                           | 5.1 TITI<br>5.2 NAJ   | LE<br>ME                             | ADDRESS                 |                 | · · · · · · · · · · · · · · · · · · ·                     | Change            | ☐ Addition   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                    | 5.1 TITI<br>5.2 NA/<br>5.3 STR<br>5.4 CIT                                   | LE<br>ME<br>REET<br>Y-ST             | ADDRESS                 |                 | · · · · · · · · · · · · · · · · · · ·                     |                   |              |
|   |   | ☐ DELETE                           | 5.1 TITI<br>5.2 NA/<br>5.3 STR<br>5.4 CIT<br>6.1 TITI                       | LE<br>ME<br>REET<br>Y-ST             | ADDRESS                 |                 |   | ☐ Change          | Addition     |
| CITY-ST-ZIP   |   |                                    | 5.1 TITT<br>5.2 NAV<br>5.3 STF<br>5.4 CIT<br>6.1 TITT<br>6.2 NAV            | LE<br>ME<br>REET<br>Y-ST<br>LE<br>ME | ADDRESS .               |                 | · · · · · · · · · · · · · · · · · · ·                     |                   |              |
| CITY-ST-ZIP   |   |                                    | 5.1 TITI<br>5.2 NAJ<br>5.3 STF<br>5.4 CIT<br>6.1 TITI<br>6.2 NAJ<br>6.3 STF | LE<br>ME<br>REET<br>Y-ST<br>LE<br>ME | ADDRESS  1-ZIP  ADDRESS |                 |   |                   |              |

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.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR