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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077472 (4)

OCEAN FLIGHT ACADEMY, INC.						*****
Principal Plac	e of Business	Mailing Address				1001)
4201 N. OCE		4201 N. OCEAN DRIVE	<u>-</u>			
#203		#203				
HOLLYWOOD) FL 33019	HOLLYWOOD FL 33019		DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualified	
A D I - 1 - 1 - 1 - 1 - 1		1.0. 14-15-4-14-1			09/16/1996 4. FEI Number	
2. Principal Place of Business		⊢ , •	2a. Mailing Address		65-0703915	Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		05-0703915	Not Applicable \$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the	current year Intangible
24	25				Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	-		10. Name and Address of New Registers	d Agent
	BITSCH, GUNTHER		8	Name		\
	01 N. OCEAN DRIVE 203		82	Street Add	fress (P.O. Box Number is Not Acceptable)	
	XLLYWOOD FL 33019		83	1		
			64	City		85 Zip Code
				<u>l</u> .	F	L
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was at	s, the abou	ve-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statute	es.	ition's board of directors. I hereby accept the a	pp
SIGNATURE		0.00	- 60.00		i/ed when reinstating) DATE	
12.	Signature, typed or printed name of registered as OFFICERS At	ND DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	RABITSCH, GUNTHER		1.2 NAME			
STREET ADDRESS	4201 N. OCEAN DR. #203		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		14 CITY-ST-ZIP			
TITLE		☐ DELETE	21 THTLE		***************************************	Change Addition
NAME			2.2 NAME			}
STREET ADDRESS			2.3 STREE	T ADDRESS	, .	
CITY-ST-ZIP			2. 4 CITY	· ST · ZIP		
TITLE		☐ DEFELE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 THILE			☐ Change ☐ Addition
NAME			4. 2 NAM6			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	4.4 CITY -	ST- ZIP		Change Addition
TITLE		☐ DECEME	5.1 TITLE			L CHANGE L AUGROSS
NAME			5.2 NAME)		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY- 6.1 TITLE	51-ZIP		Change Addition
TITLE		☐ ptrtit	1			C cuange C Addition
NAME CTREET ADDOCCC			6.2 NAME			
STREET ADDRESS			6.3 STHEE	T ADDRESS		

14. Thereby 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 path that i and accurate and that my signature shall have the same legal effect as if made under path that i and that it is report as required by Chapter 607, Florid Calantia that the information indicated on this annual report or the receiver or trustee empowered to execute this report as required by Chapter 607, Florid Calantia that the information is true and accurate and that my signature shall have the same legal effect as if made under path that it is report as required by Chapter 607, Florid Calantia that the information is true and accurate and that my signature shall have the same legal effect as if made under path that the information is true and accurate and that my signature shall have the same legal effect as if made under path that it is report as required by Chapter 607, Florid Calantia that it is report as required by Chapter 607, Florid Calantia that the information is true and accurate and that my signature shall have the same legal effect as if made under path that the information is true.