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PROFIT CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087446

1999

FLIGHT VENTURES, INC.

D : : : D!	- CD	Mailing Address				-		
Principal Place								
420 Lincoln R Suite 432	₹D	420 LINCOLN RD SUITE 432						
MIAMI FL 33139	9	MIAMI BEACH FL 33139				DO NOT WRI	TE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed		• [
		•				10/22/1996		
2. Principal Pl	lace of Business	2a. Mailing Address		**		4. FEI Number	Ap	plied For
21		26				65-0704059	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27					Pee Re	equired
City & State	е	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the curr		
24	25	29	30			Personal Property Tax.	√ X Yes	□No
	9. Name and Address of Curren			04 .		10. Name and Address of New F	Registered Agent	
		<u>机煤料,特</u> 斯特		81 1	Name			
PLC	INVESTMENTS INC			82 8	Street Addre	ess (P.O. Box Number is Not Accepta	able)	
	LINCOLN RD						. a comprehensive	1111
	E 432	,		83				7. S.
MAIN	MI BEACH FL 33139			84 (City		85 Zip	Code
		33.1.			•		<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	ites, the a	bove-n	amed corpo	pration submits this statement for the	purpose of changing its	registered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	tions of Section 607.0505. Fi	orida Stat	utes	e corporation	irs board of directors. Thereby decep	or the appointment as to	9.513.72
1 acem a								I
1.656		4.			•	•		_
	Signature, typed or printed name of registered ager	<u> </u>	E: Registered	1 Agent sig	gnature required	when reinstating)	DATE	
1.656	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOT ID DIRECTORS	E: Registered	1 Agent sig	gnature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOT	E: Registered	Agent sig	gnature required			DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN PD NEITZEL, JULIE	nt and title if applicable. (NOT ID DIRECTORS	E: Registered	Agent sig	gnature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Hilda 6 Montero Secretary

6.4 CfTY-ST-ZIP

1/15/99

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90022 043 ***150.00

305-531-5220