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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000092148 (1)

INTERNATIONAL FLIGHT TRAINING ACADEMY, INC.

	-(D!	14-92 N. 1-1	···-			# 15##3 15#44 #1##1 A	
Principal Place		Mailing Address					
\$100 AIRMENS FORT PIERCE		3100 AIRMENS DRIVE FORT PIERCE FL 34946					
TOTAL PICNOE	12 01010	TONI FIENCE FE 04040			DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualified		
					11/08/1996		
2. Principal Pla	ce of Business	2a. Mailing Address	 		4. FEI Number	Appli	ed For
21		26			65-0720239	Not A	Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
22		27			S. Germicale of dialog besired	Fee Requ	ired
City & State		City & State			6. Election Campaign Financing	\$5.00 ма	
23		28			Trust Fund Contribution	Added to I	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the curr	rent year Intan	
24	25 9. Name and Address of Curre	29	30		Personal Property Tax due June 30.	Yes 1	<u> </u>
Eigh	IER, STEPHEN	ant negistered Agent		81 Name	10. Maille Bild Address of New Hegistered	Ayanı	
1401 56TH SQUARE VERO BEACH FL 32966			82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
VEN!	U DEACH FL 32900		ŀ	83			
				•			
1			ľ	84 City	FL	85 Zip Co	de
de Directors to	No exemple on of Continue COZ Of	00 and 002 1500 Florida Chat.	ton the ob			Cobanging ite r	onistered
office or reg	gistered agent, or both in the Stat	te of Florida, Such change was	authorized	i by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I am	familiar with, and accept the oblid	gations of, Section 607.0505, Fi	lorida Stati	ites.	04/15/9		
SIGNATURE	101/0/19	V			0411313	•	
I SIGNATIONE ST	towns wood or or MAJA A Marit Vice	aust post title of graphs also (NO)	If: Registered	Agent eigenstein regul			
SI		· · · · · · · · · · · · · · · · · · ·		Agent signature requi	ired when reinstaling) DATE	DIRECTORS I	IN 12
12.		gent and title d'applicable (NO) ND DIRECTORS DELETE	13.				IN 12 Addition
12.	OFFICERS AT	ND DIRECTORS		LE	ired when reinstaling) DATE		
12.	OFFICERS AT	ND DIRECTORS	13. 1.1 Til 1.2 NA	LE	ired when reinstaling) DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS AT PSTD FISHER, STEPHEN	ND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 STI	LE ME	ired when reinstaling) DATE		
12. TITLE NAME	PSTD FISHER, STEPHEN 1401 56TH SQUARE VERO BEACH FL 32966 VO	ND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 STI	LE ME REFT ADDRESS Y-S1-ZIP	ired when reinstaling) DATE	☐ Change [
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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 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 intercept of the corporation of the corporation of the corporation of the receiver of the corporation of the corporat

STREET ADDRESS

CITY-ST-ZIP

04/15/98

561-429-3619

FILED

Apr 22 1998 8:00am

Secretary of State