

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90067 022 \*\*\*150.00

DOCUMENT # P96000092148

1. Corporation Name

INTERNATIONAL FLIGHT TRAINING ACADEMY, INC.

Principal Place of Business

3100 AIRMENS DRIVE  
FORT PIERCE FL 34946

Mailing Address

3100 AIRMENS DRIVE  
FORT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

65-0720239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2965 Cortis King  
Suite, Apt. #, etc.

22 City & State

23 FL

24 Zip Country

25 34946 U.S.A

2a. Mailing Address

26 2965 Cortis King  
Suite, Apt. #, etc.

27 City & State

28 FL

29 Zip Country

30 34946 U.S.A

9. Name and Address of Current Registered Agent

FISHER, STEPHEN  
1401 56TH SQUARE  
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

81 Name

FISHER STEPHEN

82 Street Address (P.O. Box Number is Not Acceptable)

8515 DEHAVILLAND CT

83

84 City

VERO BEACH

FL

85 Zip Code

32968

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE  
NAME FISHER, STEPHEN  
STREET ADDRESS 1401 56TH SQUARE  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE VD ☒ DELETE  
NAME FISHER, ANTONIA M  
STREET ADDRESS 1401 56TH SQUARE  
CITY-ST-ZIP VERO BEACH FL 32966

TITLE VD ☒ DELETE  
NAME FISHER, BRIAN W  
STREET ADDRESS 25 PARK DRIVE  
CITY-ST-ZIP MALDEN ESSEX, ENGLAND

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FISHER STEPHEN ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8515 DEHAVILLAND CT  
1.4 CITY-ST-ZIP VERO BEACH FL 32968 ☒ Change ☐ Addition

2.1 TITLE FISHER ANTONIA ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 8515 DEHAVILLAND CT  
2.4 CITY-ST-ZIP VERO BEACH FL 32968 ☒ Change ☐ Addition

3.1 TITLE ~~FISHER BRIAN~~ ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27/4/99

1-361-489-3619

CR2E034 (11/98)