

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101400 (5)**

1. Corporation Name
FLYBCR, INC.

Principal Place of Business
**341 NORTH BIRCH ROAD
FORT LAUDERDALE FL 33304**

Mailing Address
**341 NORTH BIRCH ROAD
FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1996

4. FEI Number
65-0714315

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

**VIMES, PATRICK
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33318**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	D LINLEY, JAMES
STREET ADDRESS	341 NORTH BIRCH ROAD, #208
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT-TREAS-DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES LINLEY
1.3 STREET ADDRESS	341 N. BIRCH ROAD #208
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
2.1 TITLE	VICE PRESIDENT-DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT BATSON
2.3 STREET ADDRESS	341 N. BIRCH ROAD #308
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
3.1 TITLE	MARC SEQUIN - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	341 N. BIRCH ROAD #314
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEATRIZ LINLEY
4.3 STREET ADDRESS	341 N. BIRCH ROAD #208
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **JAMES LINLEY** 1-16-98 954 555-3998

CP2E034 (10/97)