

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90102 003 ***150.00

DOCUMENT # P96000101400

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

VIVIES, PATRICK
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name JAMES D. LINLEY
82 Street Address (P.O. Box Number is Not Acceptable)
341 N. BIRCH RD
83
84 City FORT LAUDERDALE FL 85 Zip Code 33304

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 *James D. Linley* JAMES D. LINLEY PRESIDENT 1-2-99 DATE

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 PTD ☐ DELETE
NAME LINLEY, JAMES
STREET ADDRESS 341 NORTH BIRCH ROAD, #208
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VPD ☐ DELETE
NAME BATSON, ROBERT
STREET ADDRESS 341 N BIRCH RD, #308
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE D ☐ DELETE
NAME SEQUIN, MARC
STREET ADDRESS 341 N BIRCH ROAD #214
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE S ☐ DELETE
NAME LINLEY, BEATRIZ
STREET ADDRESS 341 N BIRCH RD, #208
CITY-ST-ZIP FT LAUDERDALE FL 33304

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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: *James D. Linley* JAMES D. LINLEY 1-2-99 954525-3998 DATE Daytime Phone #

CR2E034 (11/98)