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 # P97000009712 (5)

PRACTIC	CAL AVIATION INC.									()) 174 /1 44 /11				6 6 	
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Principal Place of	of Business	Mai	iling Addros	ss				""		154 1 86 11 86 414	ABISI BAS	11	10 (011) 100	#1 PRW1# 11	183 1884
10375 NW 2 STREET CORAL SPRINGS FL 33071			10375 NW 2 STREET CORAL SPRINGS FL 33071						ĺ	DO NOT W	RITE IN	N THIS S	PACE		
								3. Date II		d or Qualif					
								02/	/01/1997	7					
2. Principal Place	e of Business	2a.	Mailing Ado	dress				4. FEI Nu	ımber					Applied	l For
21		26						65	5-0	730	004	49		Not App	olicable
Suite, Apt. #, (etc.	27	Suite, Apt. #	#, etc.				5. Certific	cate of Sta	tus Desired	1 [\$8.75 Fee	Additi	
City & State 23		28	City & State)				1	n Campaig	gn Financir ibution	٠.			O May d to Fed	
Zip	Zip Country 25		2φ 30		Country 30	y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
1	Name and Address of Current	ent Registe	ered Agent					10. Name	and Addr	ess of Nev	v Regis	stered A	gent		
SIME	P\$ON, HANK				81	Na	me								·
1037 COR					Str	eet Addre	ess (P.O. Box	Number i	s Not Acce	ptable))				
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11. Pursuant to the	the provisions of Sections 607.05	502 and 607	7. 1508, Flor	rida Statute	s. the above	e-nar	ned corpo	oration subm	its this stat	tement for t	the pur	nose of a	changing	its reni	stered
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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 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREE1 ADDRESS 6.4 CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

Change

Addition

FILED

May 01 1998 8:00am

Secretary of State