

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022477 (8)

1. Corporation Name

AIRLINE CAREERS INTERNATIONAL, INC.

Principal Place of Business

1922 RIVER OAKS
WESTON FL 33326

Mailing Address

1922 RIVER OAKS
WESTON FL 33326

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

DRAINA, LYNN B
1922 RIVER OAKS
WESTON FL 33326

81 Name

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

83

84 City

FL 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 of this corporation and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person for whom this report is being filed (if not the owner)

(If not the owner, sign as agent for the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE PD
2. NAME DRAINA, RICHARD M
3. STREET ADDRESS 1922 RIVER OAKS
4. CITY/STATE/ZIP WESTON FL 33326
5. TITLE S
6. NAME DRAINA, LYNN
7. STREET ADDRESS 1922 RIVER OAKS
8. CITY/STATE/ZIP WESTON FL 33326
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY/STATE/ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY/STATE/ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY/STATE/ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY/STATE/ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY/STATE/ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY/STATE/ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY/STATE/ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY/STATE/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 included 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 addendum with an address.

SIGNATURE:

[Signature]

September 30, 1998

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0742528

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

10. Name and Address of New Registered Agent

CR0003245