


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90064 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036786
 1. Corporation Name
TRADEWINDS INTERNATIONAL FLIGHT SCHOOL, INC.

Principal Place of Business 2982 AVIATION WAY FORT PIERCE FL 34946	Mailing Address P.O. BOX 14139 FORT PIERCE FL 34979-4139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2982 Aviation Way Suite, Apt. #, etc. Fort Pierce, FL City & State 34946 St Lucie Zip Country		2a. Mailing Address 26 P.O. BOX 14139 Suite, Apt. #, etc. Fort Pierce FL City & State 34979-4139 St Lucie Zip Country		3. Date Incorporated or Qualified 04/24/1997							
24		25		29		30		4. FEI Number 65-7747091		Applied For Not Applicable	
22		27		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. \$8.75 Additional Fee Required		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHOPPR, N. RICHARD 881 NE PRIMA VISTA BLVD PORT ST LUCIE FL 34952				10. Name and Address of New Registered Agent 81 Name Ernie Carnahan 82 Street Address (P.O. Box Number is Not Acceptable) 11470 Carlton Rd. 83 84 City Port St-Lucie FL 85 Zip Code 34987			
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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 Ernie Carnahan DATE 5/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Treasurer
NAME	CARNHAN, ERNIE	1.2 NAME	Vernon Stanley Williams
STREET ADDRESS	11470 CARLTON ROAD	1.3 STREET ADDRESS	303 SURF RD.
CITY-ST-ZIP	PORT ST LUCIE FL 34988	1.4 CITY-ST-ZIP	Melbourne Beach FL 32951
TITLE	D	2.1 TITLE	
NAME	MUNOZ, CARLOS	2.2 NAME	
STREET ADDRESS	1818 SE VILLAGE GREEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CREEL, TOMMY C	3.2 NAME	
STREET ADDRESS	1925 S.W. AMERICANA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 897, 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: Ernie Carnahan DATE 4/14/99 561 407766

COPY 1/4/99