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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000085054**1. Corporation Name

BUCCANEER AVIATION, INC.

Principal Place of Business

Mailing Address

551 SW 63RD TERR PLANTATION FL 33317 551 SW 63RD TERR PLANTATION FL 33317

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

04-20-1999 90157 045 ***158.75



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DO NOT WRITE IN THIS SPACE

| | | | | | 3. Date Incorporated or Qualifed 10/01/1997 | | | |
|----------------------|--|--|---|-----------------------|--|-----------|--------------|--|
| 2 Dringing DI | lace of Business | 2a. Mailing Address | | | 4. FEI Number | An | plied For | |
| | lace of Business | | | | 65-0792790 | <u>_</u> | t Applicable | |
| 21 Suite Ant | # -1- | Suite, Apt. #, etc. | | | | 8.75 | | |
| Suite, Apt. | #, etc. | 27 | | | 5. Certifcate of Status Desired | Fee Re | | |
| City & State | <u> </u> | City & State | | *** | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | e | 28 | - | | Trust Fund Contribution | Added t | | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes the current year Intang | ible | | |
| 24 | | | 30 | | | Yes | □No | |
| 24 | 9. Name and Address of Current | ,,, <u>, , , , , , , , , , , , , , , , ,</u> | ·) | | 10. Name and Address of New Registered Age | ent | | |
| | | | 8 | 1 Name | | | _ | |
| MCKENNEY, NANCY | | | يا | | · · · · · · · · · · · · · · · · · · · | | | |
| 551 SW 63RD TERR | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | Ì | | |
| PLANTATION FL 33317 | | 8 | 3 | | | | | |
| | | | | | | | | |
| | | | 8 | 4 City | FL | B5 Zip 0 | Code | |
| | 007.0500 | LOOZ ASOO Stadda Otalaha | the abo | vo semed ser | poration submits this statement for the purpose of cha | naina its | registered | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | i Florida. Such change was autr | ionzea d | y ine corporai | ion's board of directors. I hereby accept the appointm | ent as re | gistered | |
| SIGNATURE | | | | | part when reinstating) DATE | | | |
| | Signature, typed or printed name of registered agent | | 13. | Jent signature requir | red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTO | RS IN 12 | |
| 12. | OFFICERS AND | DELETE | 1.1 TITLE | | | Change | ☐ Addition | |
| TITLE | PD | □ betele | | | | | _ | |
| NAME | MCKENNEY, WILLIAM J | | 1.2 NAMI | | | | | |
| STREET ADDRESS | 551 SW 63RD TERR | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | PLANTATION FL 3317 | | 1.4 CITY | | · | Change | Addition | |
| TITLÉ | VSDT | ☐ DELETE | 2.1 TITLE | | | _ Criange | | |
| NAME | MCKENNEY, NANCY M | | 2.2 NAM | E | | | l | |
| STREET ADDRESS | 551 SW 63RD TERR | | 2.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | PLANTATION FL 33317 | | 2.4 CITY | -ST-ZIP | | | { | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Ĺ |] Change | ☐ Addition } | |
| NAME | | | 3.2 NAM | E | | | ļ | |
| STREET ADDRESS | | w + *** **** | 3.3 STRE | ET ADDRESS | | *** | ` | |
| City-St-ZIP | | | 3.4. CITY | -ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | |] Change | ☐ Addition | |
| NAME | | | 4. 2 NAM | E | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4,4 CITY | -ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | · [| Change | ☐ Addition | |
| NAME | | | 5.2 NAM | E | | | ļ | |
| STREET ADDRESS | 4.4 | | 5.3 STRE | ET ADDRESS | | | | |
| | | | 5.4 CITY | -ST-ZIP | | | ĺ | |
| CITY-ST-ZIP TITLE | • | ☐ DELETE | 6.1 TITLE | | Ε |] Change | ☐ Addition | |
| NAME | (| | 6.2 NAM | E | | | ļ | |
| | | | 6.3 STRI | EET ADDRESS | | | | |
| STREET ADDRESS | 1 | | 0.50,70 | | | | | |

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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(954)791-4692

Daytime Phone i

;R2E034 (11/98)