

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000009200  
1. Corporation Name  
FLYING CONCEPTS, INC.

Principal Place of Business  
955 S. FEDERAL HIGHWAY STE. 201  
STUART FL 34994

Mailing Address  
955 S. FEDERAL HIGHWAY STE. 201  
STUART FL 34994

FILED

99 OCT -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 7909 Saddlebrooke Dr.  
Suite, Apt. #, etc.  
22 City & State  
23 Port St. Lucie FL  
24 Zip 34986  
25 Country St. Lucie  
26 7909 Saddlebrooke Dr.  
Suite, Apt. #, etc.  
27 City & State  
28 Port St. Lucie FL  
29 Zip 34986  
30 Country St. Lucie

3. Date Incorporated or Qualified  
01/29/1998  
4. FEI Number ☒ 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. ☐ Yes ☐ No

GRAZI, LEIF J  
217 E. OCEAN BLVD.  
STUART FL 34994

10. Name and Address of New Registered Agent  
81 Name Haberle Wolf M  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7909 Saddlebrooke Dr.  
84 Port St. Lucie FL 85 Zip Code 34986

11. Pursuant to the provisions of sections 607.0602 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

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  
NAME D GAVIN, LISA ☒ DELETE  
STREET ADDRESS 955 S. FEDERAL HIGHWAY STE. 201  
CITY-STATE-ZIP STUART FL 34994  
TITLE  
NAME D HABERLE, WOLF M ☐ DELETE  
STREET ADDRESS 955 S. FEDERAL HIGHWAY STE. 201  
CITY-STATE-ZIP STUART FL 34994  
TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 400003012884--3  
1.4 CITY-STATE-ZIP -10/12/99-01058--009  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7909 Saddlebrooke Dr.  
2.4 CITY-STATE-ZIP Port St. Lucie FL 34986  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KE

CR2E034 (5/99)

## **Flying Concepts**

7909 Saddlebrook Dr.  
Address Line 2  
Port St. Lucie Florida 34986  
Country

Phone 561-467-0403  
Fax 561-467-1218

October 04, 1999

Florida Department of State  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

### **To Whom it May Concern**

I am sending this form again to you, I don't know why I received this second notice from you. I had sent out the first one back on April 30th 1999, with a check for 150.00. Just now looking back at my records, I see that the check #2066 is still out standing. I have cancelled the check, I will be sending out the second notice with another check for \$150.00 the changes I made on this from are the same as the first one sent out. I hope this well be resolved the problem. Thank you for your time in this matter.

Sincerely,  


Angela Tindall, Bookkeeper for Flying Concepts