

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

FILED  
 99 OCT -6 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

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

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  
 7. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 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): 7909 Saddlebrooke Dr.  
 83  
 84 City: 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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GAVIN, LISA		1.2 NAME: 400003012884--3
STREET ADDRESS: 955 S. FEDERAL HIGHWAY STE. 201		1.3 STREET ADDRESS: -10/12/99--01058--009
CITY-ST-ZIP: STUART FL 34994		1.4 CITY-ST-ZIP: ***150.00 ***150.00
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HABERLE, WOLF M		2.2 NAME: 7909 Saddlebrooke Dr.
STREET ADDRESS: 955 S. FEDERAL HIGHWAY STE. 201		2.3 STREET ADDRESS: Port St. Lucie FL 34986
CITY-ST-ZIP: STUART FL 34994		2.4 CITY-ST-ZIP: 34986
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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] DATE: Daytime Phone: KE

CR2E034 (5/99)

**Flying Concepts**

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

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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