

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90079 027 ***158.75

DOCUMENT # P98000095838

1. Corporation Name
BROWARD FLIGHT CENTER, INC.



Principal Place of Business
7501 PEMBROKE ROAD
PEMBROKE PINES FL 33023

Mailing Address
7501 PEMBROKE ROAD
PEMBROKE PINES FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7501 PEMBROKE ROAD

Suite, Apt. #, etc.

22 City & State
23 PEMBROKE PINES FL

24 Zip 33023 25 Country USA

2a. Mailing Address

26 843 NW 80 TERR.

Suite, Apt. #, etc.

27 City & State
28 PLANTATION FL.

29 Zip 33324 30 Country USA

3. Date Incorporated or Qualified

11/09/1998

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 Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENYO, BOB
830 S. WIND CIRCLE
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

MIN SEAN KOO

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

843 NW 80 TERR.

83

84 City

PLANTATION

FL

85 Zip Code

33324

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

[Signature]

MIN SEAN KOO

2/1/99

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 Pres. ☒ DELETE
NAME ROBERT C Benyo
STREET ADDRESS 830 S. WIND CIR
CITY-ST-ZIP SUNRISE, FL. 33326

TITLE V. Pres. ☒ DELETE
NAME DANA M. KARL
STREET ADDRESS 830 S. WIND CIR
CITY-ST-ZIP SUNRISE, FL. 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. T. ☒ Change ☐ Addition
1.2 NAME MIN SEAN KOO
1.3 STREET ADDRESS 843 NW 80 TERR
1.4 CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Minsean Koo

2/1/99

Date

954-816-3110
Daytime Phone #

CR2E034 (11/98)

014286