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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90074 017 \*\*\*150.00

DOCUMENT # P98000103456 ✓

1. Corporation Name

FLORIDA ACADEMY OF AVIATION, INC

Principal Place of Business

Mailing Address

1685 West Commercial Blvd.  
Hanger 39B

Fort Lauderdale, FL 33309

2999 NE 191st Street  
PH#8

Aventura, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12.11.99

2. Principal Place of Business

21. 1685 West Commercial

Suite, Apt. #, etc.

22. Hanger 39B

City & State

23. Fort Lauderdale, FL

Zip

Country

24. 33309

25. USA

2a. Mailing Address

26. 2999 NE 191st Street

Suite, Apt. #, etc.

27. PH#8

City & State

28. Aventura, FL

Zip

Country

29. 33180

30. USA

4. FEI Number

65-0884010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ Change ☐ Addition

1 NAME

10 STREET ADDRESS

14 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition

20 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition

30 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition

40 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

50 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition

60 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99