FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

		1990	(G) (I	TY	DIVISION OF	CORFOR	(A) II	ONS					
	OCUN Corporation	Name		49	(3)								
	FLYWH	EEL HOL	.DINGS, INC.						I IRANG IR ORD NING BON				
v	incipal Place o	of Business			ailing Address								
				(4)	~								
	290 COCONU SARASOTA FL				290 COCONUT AVE. SARASOTA FL 34236								
	US				US					S - 1261	T		
									 Date Incorporated or 0 03/06/1991 	auaimed	3a. Date o	21/19	
2.	Principal Place of Business				2a. Mailing Address			4. FEI Number		1 00,	··· · · · · · · · · · · · · · · · · ·	Applied For	
21		26					59-3055275						Not Applicable
	Suite, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status D	esired	<u> </u>	\$8.7	Additional	
22					27]				5. Serandate di Otatus Di			Fee	Required
ات.	City & State				City & State				6. Election Campaign Fin	•			May Be
23	Zip		Country	2.8	7m	T 70	unto:		Trust Fund Contributio		•		d to Fees
24	Zip	}	25	201	2.1μ)	— ¬	unuy					under s	199.032,
			***********************************		tered Agent	1201	T			<i>i</i> -		gent	
							81	Name			·-T	<u> </u>	
	SAXON,	DAVID L.		of Current Registered Agent 10. Name and Address of New Registered Agent									
	937 47TH	H ST			Zip Country 30 Registered Agent 8. This corporation has liability for intangible tax Florida Statutes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)								
	SARASO	TA FL 342	234				83	<u> </u>					
							84	City				85 Z	p Code
								′					•
11	 Pursuant to or registerer 	the provision ad agent, or l	ons of Sections 607.05 both, in the State of Flo	02 and 60 orida. Suct	7.1508, Florida Statute i change was authorize	s, the ab	ove-r	named con oration's b	poration submits this statement f	or the pur	pose of chan	ging its	registered offic
	familiar with	n, and accep	of the obligations of, Se	ection 607.	0505, Florida Statutes.	o Ly alo	00.17	0.000	other of emoderns. Thereby accept	coro upso	on terrorit do re	A SISTON ON	a bgont. ram
St	GNATURE		or printed name of registered ag	1	Taran and a second	u nec on o			minimized in the contract of t				
12	····	signature, typico t	OFFICERS A			13.	a Ager	nt signature req	uimd when reinstating: ADDITIONS/CHANGES	TO OFFI	CERS AND D	IBECTO	DRS IN 12
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6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SUZON H. SAXON DUCOLOR SUZANH. SAXON, DIT. 4/30/96

DELETE

☐ Change

Addition