**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S56804**

1. Corporation Name

FLIGHT TRAINING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2501 SE AVIATION WAY, SUITE F

2501 SE AVIATION WAY. SUITE F

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90075 002 \*\*\*150.00



STUART FL 34996-4004		STUART FL 34996-4004		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				06/04/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 255.	5 SE DIXIE HWY	26 2555 SE DI	VIE HWY	65-0267574	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 HAN City & Stat	GAR Z	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
	AK FL	STUART_	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24 <u>3499</u>	6 25 MARTIN	29 34996 30	MARTIN	Personal Property Tax.	▼Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	f Agent
	OURSELL CONTR		81 Name		
LETOURNEAU, RONALD 2501 S.E. AVIATION WAY			82 Street Addre	ess (P_O. Box Number is Not Acceptable)	<del></del>
				SE DIXIE HWY	
	IGAR ONE	•	83 HANG	LAR Z	
รุง	IART FL 34996		84 City 6-1	- A	85 Zip Code
			570	<i>┦K1 ∽</i> F	L 34996
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was autho	orized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appears	ointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	sstered Agent signature required 13.	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITICENS F	☐ Change ☐ Addition
TITLE	D D DOMESTI DOMAID	C Section	1.2 NAME		
NAME	LETOURNEAU, RONALD				
STREET ADDRESS	6556-H N. CHASEWOOD DR.		1.3 STREET ADDRESS		
C/TY-ST-ZIP	JUPITER FL	Elberge.	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		Cuange Cl Addition
NAME	]		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS	:		3.3 STREET ADDRESS		
CITY+ST-ZIP		····	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4.2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Į.		5.2 NAME		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition