

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V37474** (6)  
1. Corporation Name  
**SUNCOAST FLIGHT SCHOOL, INC.**

Principal Place of Business  
**1000 N. HERCULES  
MAINTENANCE HANGAR  
CLEARWATER FL 34625**

Mailing Address  
**1000 N. HERCULES  
MAINTENANCE HANGAR  
CLEARWATER FL 34625**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/18/1992</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3067243</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>WILBER, CHARLES 7590 16TH AVENUE NORTH ST. PETERSBURG FL 33710</b>				10. Name and Address of New Registered Agent	

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILBER, CHARLES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBER, CHARLES	1.2 NAME	
STREET ADDRESS	7590 16TH AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD WILBER, JUSTIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBER, JUSTIN	2.2 NAME	
STREET ADDRESS	7590 16TH AVE. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD WILBER, JUSTIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBER, JUSTIN	3.2 NAME	
STREET ADDRESS	7590 16TH AVE. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	
TITLE	TD WILBER, MARIE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBER, MARIE	4.2 NAME	
STREET ADDRESS	7590 16TH AVENUE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		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		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: *Charles Wilber* **CHARLES WILBER** 2-4-98 813-4615229

CR2E034 (10/97)