FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999				01-20-1999 90020 006 ***	*70.00		
DOCUMENT # 70452	<u> 2</u> 2			01-20-1333 30020 000	70.00		
Corporation Name							
FLYING EDUCATORS, INC.							
Principal Place of Business	Mailing Address						
5500 NW 21 TERRACE	21 TERRACE 18423 NW 9TH CT						
BOX 31	PEMBROKE PINES FL 33029-3607						
FT LAUDERDALE FL 33309-2732 US				I ADDIED LEBUT DEBIT DIDEN BITTE TREE LEBUT DEBIT DI	Olf Blait Brait graft bian inni		
us					4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
2. Principal Place of Business	2a. Mailing Address			3. Date incorporated or Qualifed			
21	26			09/14/1962			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22	27			NOT APPLICABLE			
City & State	City & State			5. Certificate of Status Desired	\$8.75 Additional		
23	28			3. Certificate of Status Desired	Fee Required		
Zip Country	Zip C	ountry		6. Election Campaign Financing	\$5.00 May Be		
24 25	29 30			Trust Fund Contribution	Added to Fees		
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registered	I Agent		
		81	Name				
UTLEY, GREG ACTION OF THE STATE		82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
18423 NW 9TH CT				****	<u> </u>		
PEMBROKE PINES FL 33029		83					
		84	City		85 Zip Code		
ರಾಧ್ಯ ಕರ್ಮದ ಕರ್ಮಕರ ಕರ್ಮಕರ		-		er koj se o <u>g skrivara agrejenik</u> 🖪	🛶 , १९५३ हे अपने १, २८, ५५७४ (६४४		
	.0502 and 617.1508, Florida Statutes, the	above	-named corpo	pration submits this statement for the purpose of	of changing its registered		
office or registered agent, or both, in the S	tate of Florida. Such change was authoriz bligations of, Section 617.0503, Florida St	ed by atutes	une corporatio	n's board of directors. I hereby accept the appo	Million as registered st		
1 15							
SIGNATURE Signature, typed or printed name of registered	od agent and title if applicable. (NOTE: Registe	red Agen	t signature required	when reinstating) DATE			

FILED Jan 20, 1999 8:00am **Secretary of State**

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m familiar with, and accept the obligations of, Se	ection 617.0503, Florie	da Statutes.		4	\$ 400° 8.4 0.8	Carrier Co
Signature, broad or printed name of registered agent and title if any	olicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	DATE		
	<u> </u>	13.		FFICERS A		
PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
MERGEN, FRANK		1.2 NAME				
2111 NW 30TH RD		1.3 STREET ADDRESS				
BOCA RATON FL		1.4 CITY-ST-ZIP				
VD	☐ DELETE	2.1 TITLE			Change	Addition
FOREST, FERNANDO P., JR.		2.2 NAME				
840 CAMELIA CT.		2.3 STREET ADDRESS				
FT. LAUDERDALE FL		2.4 CITY-ST-ZIP				
STD	☐ DELETE	3.1 TITLE			Change	Addition Addition
UTLEY, GREG		3.2 NAME				
18423 NW 9TH CT		3.3 STREET ADDRESS				
PEMBROKE PINES FL		3.4. CITY-ST-ZIP				
	☐ DELETE	4.1 TITLE			Change	☐ Addition
·		4. 2 NAME			1	13753
•		4.3 STREET ADDRESS	•		511 1110	1 (1.36)
亚要类 19 50年		4.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
	DELETE	5.1 TITLE			Change:	Addition
		5.2 NAME			,	
		5.3 STREET ADDRESS				
************************************		5.4 CITY+ST-ZIP				<u> </u>
\$(\$) S .	☐ DELETE	6.1 TITLE			Change	Addition Addition
		6.2 NAME				
		6.3 STREET ADDRESS				
VD		6.4 CITY-ST-ZIP				
	OFFICERS AND DIRECT PD MERGEN, FRANK 2111 NW 30TH RD BOCA RATON FL VD FOREST, FERNANDO P., JR. 840 CAMELIA CT. FT. LAUDERDALE FL STD UTLEY, GREG 18423 NW 9TH CT PEMBROKE PINES FL	Signeture, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD	OFFICERS AND DIRECTORS PD	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO O PD DELETE 1.1 TITLE MERGEN, FRANK 1.2 NAME 2111 NW 30TH RD 1.3 STREET ADDRESS BOCA RATON FL 1.4 CITY-ST-ZIP FOREST, FERNANDO P., JR. 2.2 NAME 840 CAMELIA CT. 2.3 STREET ADDRESS TT. LAUDERDALE FL 3.1 TITLE UTLEY, GREG 3.2 NAME 18423 NW 9TH CT 3.3 STREET ADDRESS 18423 NW 9TH CT 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AT DELETE 11. TITLE MERGEN, FRANK 2111 NW 30TH RD BOCA RATON FL VD OELETE 12. TITLE VD OELETE 22. TITLE VD OELETE 22. TITLE VD OELETE 33. STREET ADDRESS BOCA RATON FL VD OELETE 21. TITLE VD OELETE 22. TITLE 22. TITLE 22. TITLE 22. TITLE 23. STREET ADDRESS STD OELETE 34. CITY-ST-ZIP UTLEY, GREG 18423 NW 9TH CT DELETE 14. TITLE 4. 2 NAME 4. 3. STREET ADDRESS 4. CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAWE 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	Signeture, typed or printed name of registered agent and stor it applicable. (NOTE, Registered Agent signature required when reinstating) DATE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE: 4