

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **188072** (3)  
 1. Corporation Name

**KENDALL FLYING SCHOOL, INC.**



Principal Place of Business: **17227 SW 237 AVE MIAMI FL 33155 US**  
 Mailing Address: **5771 SW 55 ST. TAMIAAMI AIRPORT, PO BOX 7516 MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **09/28/1955**  
 3a. Date of Last Report: **04/28/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc		<b>59-0754143</b>	Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GAFFANEY, MARY T 5771 S W 55TH ST MIAMI FL 33155</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 is typed or printed name of registered agent and true if applicable. (If not, Registered Agent Signature required when filing this report.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	11 TITLE
NAME	<b>GAFFANEY, MARY T</b>		12 NAME
STREET ADDRESS	<b>5771 SW 55TH STREET</b>		13 STREET ADDRESS
CITY - ST - ZIP	<b>MIAMI FL</b>		14 CITY - ST - ZIP
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	21 TITLE
NAME	<b>GAFFANEY, CHARLES</b>		22 NAME
STREET ADDRESS	<b>5771 SW 55TH STREET</b>		23 STREET ADDRESS
CITY - ST - ZIP	<b>MIAMI FL</b>		24 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	31 TITLE
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY - ST - ZIP			34 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY - ST - ZIP			44 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY - ST - ZIP			54 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY - ST - ZIP			64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary T. Gaffaney* **06-24-96 305-661-6304**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARY T. GAFFANEY**

CR2E034 (3/96)