

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

FILED

**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002771 (4)
 1. Corporation Name
AVIATION CAREER ACADEMY, INC.



Principal Place of Business 2945 MEDULLA RD LAKELAND FL 33811-2802 US	Mailing Address 2945 MEDULLA RD LAKELAND FL 33811-2809 US
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3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 01/23/1996
4. FEI Number 22-2196131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3131 Flightline Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 3131 Flightline Drive Suite, Apt. #, etc. 27
City & State 23 Lakeland FL	City & State 28 Lakeland FL
Zip Country 24 33811 25 USA	Zip Country 29 33811 30 USA

9. Name and Address of Current Registered Agent HENDRY, HARRY O SOCIETY FIRST FEDERAL TOWERS, SUITE 502 2201 SECOND STREET FT. MYERS FL 33902		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TREPPER, FRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS % ACA, 2945 MEDULLA RD	CITY-ST-ZIP LAKELAND FL	1.2 NAME	
		1.3 STREET ADDRESS 3131 Flightline Drive	
		1.4 CITY-ST-ZIP Lakeland FL 33811	
TITLE VD	NAME FRYE, WARREN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS % ACA, 2945 MEDULLA RD	CITY-ST-ZIP LAKELAND FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE CSM	NAME AITKENHEAD, WM. N	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS % ACA, 2945 MEDULLA RD	CITY-ST-ZIP LAKELAND FL	3.2 NAME	
		3.3 STREET ADDRESS 3131 Flightline Drive	
		3.4 CITY-ST-ZIP Lakeland FL 33811	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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:  **Wm. N. Aitkenhead / Chrman 01/15/97 941 648.2004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)