

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 29 AM 8:30

DOCUMENT # **J13252** (8)

1. Corporation Name  
**ALPHA INTERNATIONAL FLIGHT TRAINING, INC.**

Principal Place of Business	Mailing Address
530 ED FOSTER MELBOURNE FL 32901	530 ED FOSTER MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/05/1986</b>	3a. Date of Last Report <b>07/05/1994</b>
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4. FEI Number <b>59-2678265</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. This corporation has liability for intangible tax under s. 119.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 551 S. Apollo Blvd. Suits, Apt. #, etc. 22 Suite 206 City & State 23 Melbourne, FL	26 551 S. Apollo Blvd. Suits, Apt. #, etc. 27 Suite 206 City & State 28 Melbourne FL
24 Zip 32901	25 Country FLORIDA
29 Zip 32901	30 Country FLORIDA

9. Name and Address of Current Registered Agent  
**IGLIO, RALPH J.  
530 ED. FOSTER RD.  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name <b>IGLIO, RALPH J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>551 S Apollo Blvd. Suite 206</b>
83
84 City <b>Melbourne</b>
85 Zip Code <b>FL 32901</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

Signature typed or printed below of registered agent and title (if applicable)

(NOTE: Registered Agent signature has no legal effect)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>IGLIO, RALPH J.</b>
STREET ADDRESS	<b>530 ED FOSTER RD.</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>
TITLE	<b>TD</b>
NAME	<b>IGLIO, LINDA M.</b>
STREET ADDRESS	<b>530 ED FOSTER RD.</b>
CITY - ST - ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<b>IGLIO, RALPH J</b>	
1 3 STREET ADDRESS	<b>551 S' Apollo Blvd, Suite 206</b>	
1 4 CITY - ST - ZIP	<b>Melbourne FL 32901</b>	
2 1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>IGLIO, LINDA M</b>	
2 3 STREET ADDRESS	<b>551 S Apollo Blvd, Suite 206</b>	
2 4 CITY - ST - ZIP	<b>Melbourne FL 32901</b>	
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph J. Iglie*  
\_\_\_\_\_  
Signature and typed or printed name of signing officer or director  
**Ralph J. Iglie President**

Date: **6-23-95**  
\_\_\_\_\_  
Date

407-984-0021  
\_\_\_\_\_  
Telephone #