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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 575365 (2)

1. Corporation Name

FLORIDA AIR ACADEMY - MELBOURNE, INC.



Principal Place of Business

Mailing Address

1950 S. ACADEMY DRIVE
MELBOURNE FL 32901

1950 S. ACADEMY DRIVE
MELBOURNE FL 32901

3. Date Incorporated or Qualified

06/12/1978

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DWIGHT, JONATHAN TIMOTHY
1950 S. ACADEMY DRIVE
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent (if the agent is not the corporation)

(if the registered agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DC
DWIGHT, J. TIMOTHY (CHRM)
1950 S. ACADEMY DRIVE
MELBOURNE FL

TITLE ☐ DELETE

NAME
D
DWIGHT, JAMES
1950 S. ACADEMY DRIVE
MELBOURNE FL

TITLE ☐ DELETE

NAME
D
DWIGHT-NAIL, DEBORAH
609 ROSSMOOR CIRCLE
MELBOURNE FL 32940

TITLE ☐ DELETE

NAME
D
BLATT, KENNETH
201 WEST 70TH ST. 39G
NEW YORK NY

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

407-723-3211 x16

CR2E034 (12/95)