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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717211 (7)

1. Corporation Name

NATIONAL AVIATION ACADEMY, INC.



Principal Place of Business

Mailing Address

~~2000~~ BAY TO BAY BLVD
SUITE ~~600~~
TAMPA FL 33629~~2000~~ BAY TO BAY BLVD
SUITE ~~600~~
TAMPA FL 33629-81953. Date Incorporated or Qualified
09/19/19693a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 ~~2907 Bay to Bay Blvd.~~
Suite, Apt. #, etc. ~~Suite 200~~26 ~~2907 Bay to Bay Blvd.~~
Suite, Apt. #, etc. ~~Suite 200~~23 City & State
Tampa, FL27 City & State
Tampa, FL24 Zip
33629-819529 Zip
33629-8195

30 Hillsborough

4. FEI Number

23-7048212

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KRUSEN, WILLIAM, A, JR
~~2000~~ BAY TO BAY BLVD
SUITE ~~600~~
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

~~2907 Bay to Bay Blvd.~~

83

~~Suite 200~~

84 City

Tampa

FL

85 Zip Code

33629-8195

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETENAME KRUSEN, WILLIAM
STREET ADDRESS 3110 AGAWAN
CITY-ST-ZIP TAMPA FLTITLE PD ☐ DELETENAME KRUSEN, WILLIAM A. JR.
STREET ADDRESS 3415 MORRISON AVE.
CITY-ST-ZIP TAMPA FLTITLE VD ☐ DELETENAME KRUSEN, CHARLES, B
STREET ADDRESS 200 E. 72ND ST. APT 10-M
CITY-ST-ZIP NEW YORK NYTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 an attachment with an address.

SIGNATURE: *William A. Krusen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-97

Date

013 937 3007

Daytime Phone # 0048854

CR2E037 (9/96)