FILE NOW: FILING FEE IS $61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **740489** **(0)**

1. Corporation Name
VALIANT AIR COMMAND, INC.

Principal Place of Business	Mailing Address
6600 TICO RD TITUSVILLE FL 32780	6600 TICO RD TITUSVILLE FL 32780-6009

3. Date Incorporated or Qualified: **10/21/1977**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1773787** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROSS TRACHTMAN HENDERSON & CHILDRESS PA
1990 WEST NEW HAVEN AVE
SUITE 201
MELBOURNE FL 32904

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 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	QUINLAN, KEVIN		1.2 NAME	ROBERT BIESKE	
STREET ADDRESS	1002 S. MAGEE BRANCH CT.		1.3 STREET ADDRESS	1260 ISLAND DRIVE	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, RAY O		2.2 NAME		
STREET ADDRESS	435 GREEN TURTLE COVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LENIE, PIETER		3.2 NAME		
STREET ADDRESS	901 RIVERSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IACUZZO, ALICE M.		4.2 NAME		
STREET ADDRESS	1305 S. ATLANTIC AVE., SUITE 380		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D.	☐ Change ☒ Addition
NAME	BOBES, BARRY		5.2 NAME	LLOYD MORRIS	
STREET ADDRESS	1000 DOUGLAS AVE 191		5.3 STREET ADDRESS	1711 JUNIPER DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	CHARLES EVANS	
STREET ADDRESS			6.3 STREET ADDRESS	330 COCOA AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	

CR2E037 (9/96)

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: SIGNATURE REQUIRED Robert W. Bieske 4/24/97 407 268 1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0015120