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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -4 AM 10:15

DOCUMENT # **F94000000549 (5)**

1. Corporation Name
FLIGHT MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
3523 VISTA CT. MIAMI FL 33133	3523 VISTA CT. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1102 SHIPWATCH CIRCLE	26 1102 SHIPWATCH CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33602 / Country 25	Zip 29 33602 / Country 30

4. FEI Number: 52-1709485 ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKENNA, WILLIAM J JR 3523 VISTA CT. MIAMI FL 33133	81 Name: MCKENNA, WILLIAM J. JR 82 Street Address (P.O. Box Number is Not Acceptable): 1102 SHIPWATCH CIRCLE 83 84 City: TAMPA FL 85 Zip Code: 33602

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 _____ 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	PC	11 TITLE	PC	☒ Change ☐ Addition
NAME	MCKENNA, WILLIAM J JR	12 NAME	MCKENNA, WILLIAM J. JR	
STREET ADDRESS	3523 VISTA CT.	13 STREET ADDRESS	1102 SHIPWATCH CIRCLE	
CITY-ST-ZIP	MIAMI FL 33133	14 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VSTC	21 TITLE	VSTC	☒ Change ☐ Addition
NAME	MCKENNA, SHARON S	22 NAME	MCKENNA, SHARON S.	
STREET ADDRESS	3523 VISTA CT.	23 STREET ADDRESS	1102 SHIPWATCH CIRCLE	
CITY-ST-ZIP	MIAMI FL 33133	24 CITY-ST-ZIP	TAMPA FL 33602	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: WILLIAM J. MCKENNA JR 4/5/95 813-289-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136260 CP