

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000549 (5)

1. Corporation Name
FLIGHT MANAGEMENT SYSTEMS, INC.



Principal Place of Business
5937 LEELAND ST. S.
ST PETERSBURG FL 33715
US

Mailing Address
5937 LEELAND ST. S.
ST PETERSBURG FL 33715-1637
US

3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 03/13/1996
4. FEI Number 52-1709485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5441 62ND AVE S. Suite, Apt. #, etc. 22 City & State 23 ST PETERSBURG FL Zip 24 33715	2a. Mailing Address 26 5441 62ND AVE S. Suite, Apt. #, etc. 27 City & State 28 ST PETERSBURG FL Zip 29 33715
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9. Name and Address of Current Registered Agent MCKENNA, WILLIAM J. JR. 5937 LEELAND ST. S. ST PETERSBURG FL 33715	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5441 62ND AVE S. 83 84 City ST PETERSBURG FL 85 Zip Code 33715
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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKENNA, WILLIAM J JR		1.2 NAME	
STREET ADDRESS 5937 LEELAND ST. S.		1.3 STREET ADDRESS 5441 62ND AVE S.	
CITY-ST-ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP ST PETERSBURG FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSTC	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME MCKENNA, SHARON S		2.2 NAME	
STREET ADDRESS 5937 LEELAND ST. S.		2.3 STREET ADDRESS 5441 62ND AVE S.	
CITY-ST-ZIP ST PETERSBURG FL		2.4 CITY-ST-ZIP ST PETERSBURG FL 33715	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: DATE: 2-5-97 DAYTIME PHONE: 813 867 5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)