

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005437 (7)

1. Corporation Name

FLIGHT TIME CORPORATION

Principal Place of Business

651 WASHINGTON ST.
BROOKLINE MA 02146

Mailing Address

651 WASHINGTON ST.
BROOKLINE MA 02146

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

VINCENT, JENNIFER A
429 SEABREEZE BLVD. #224
FT. LAUDERDALE FL 33316

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 607.0507 and 607.1503, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Signature of person authorized to execute this report

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

13.

TITLE

1. TITLE

NAME

12. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY-STATE-ZIP

14. CITY-STATE-ZIP

TITLE

2. TITLE

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY-STATE-ZIP

24. CITY-STATE-ZIP

TITLE

3. TITLE

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE

4. TITLE

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY-STATE-ZIP

44. CITY-STATE-ZIP

TITLE

5. TITLE

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE

6. TITLE

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY-STATE-ZIP

64. CITY-STATE-ZIP

TITLE

7. TITLE

NAME

72. NAME

STREET ADDRESS

73. STREET ADDRESS

CITY-STATE-ZIP

74. CITY-STATE-ZIP

TITLE

8. TITLE

NAME

82. NAME

STREET ADDRESS

83. STREET ADDRESS

CITY-STATE-ZIP

84. CITY-STATE-ZIP

TITLE

9. TITLE

NAME

92. NAME

STREET ADDRESS

93. STREET ADDRESS

CITY-STATE-ZIP

94. CITY-STATE-ZIP

TITLE

10. TITLE

NAME

102. NAME

STREET ADDRESS

103. STREET ADDRESS

CITY-STATE-ZIP

104. CITY-STATE-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)(b), 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:

J F McBride

Jane F. McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(617) 277-0277

CR2E034 (12/95)

FILED
Mar 26 1996 8:00 am
Secretary of State

