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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600001524 (5)

FLIGHT DIRECTOR, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

98

12,011						
Principal Place of Business 11525 STONEHOLLOW DRIVE BLD3. 1. SUITE 120 AUSTIN TX 78758		BLDG. 1. SUITE 120 AUSTIN TX 78758	11525 STONEHOLLOW DRIVE BLDG. 1. SUITE 120 AUSTIN TX 78758		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified 03/26/1996	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 95-39 19535	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le .	Cily & State	City & State		6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Į ∠ip	Country	Zip	Country	/	8. This corporation owes or has paid the or	
24	25 9. Name and Address of Curr	29 ant Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
RO	BERTS, RICHARD L	on registored Agent	81	Name	10. Name and Address of New Hogistone	1 Vanu
	01 RAVENSWOOD RD.		-	Ct A A -l-t-	/D O D M Mad A Mad	
	ITE 111		62	Street Addr	ess (P.O. Box Number is Not Acceptable)	
DA	NIA FL 33312		83			
			84	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	les, the abov	e-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	
agent. I a	am familiar with, and accept the obl	igations of Section 607.0505, Fl	orida Statute	S.	ions board of directors. Thereby decept the ap	pointment as registered
SIGNATURE	Signature, typed of printed name of registered	agent and title if applicable (NOT	E Registered Ag	ent signature requir	ed when reinstaling) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CPS	DELETE	1.1 TITLE			Change Addition
NAME	HANRAHAN, MICHAEL W		1.2 NAME			
STREET ADDRESS 600 ANTON BLVD, SUITE 1740 COSTA MESA CA 92626		/40	1.3 STREE	ADDRESS		
CITY-ST-ZIP	VD VD	Donor	1.4 CITY - S	ST-ZIP		OL TANES
TITLE	VD □ OELETE  HANRAHAN, DONALD J.		2.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS 11525 STONEHOLLOW DRIVE,		VE. BLDG.1. STE. 120	22 NAME	[ +DD00000		
CITY-ST-ZIP	AUSTIN TX 78758	72, 0200. I, 012. 120	2.3 STREE 2.4 City-			
TITLE		DELETE	3.1 TITLE	31-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		\
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE	DEI		4.1 1(TLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMÉ			
STREET ADDRESS			5.3 STREET	Į.		ļ
CITY-ST-ZIP TITLE	DELETE		5.4 CITY - 9 6.1 TITLE	ST - ZIP		Change Addition
NAME			6.2 NAME			Pri Auguste Fil vanight
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY- S			
14. Thereby	certify that the information supplied	with this filing does not qualify for	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information
indicated officer or Block 12	on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an an	ital annual report is true and acc coiver or traster empowered to lathment with an address.	curate and the execute this	at my signatur report as requ	re shall have tho same legal effect as if made u aired by Chapter 607, Florida Statutes; and that	nder oath; that I am an my narrie appears in