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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Daytime Phone # 0012632

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600006845 (9)

CORPORATE FLIGHT, INC.

Principal Place of Business Mailing Address					A JOURNAL THE COLLEGE		
DETROIT METROPOLITAN AIRPORT BLDG #356-MIDDLEBELT RD DETROIT MI 48242			DETROIT METROPOLITAN AIRPORT BLDG #356-MIDDLEBELT RD DETROIT MI 48242		·		
9E111011 (m) 19E		SETTION AN YOU'VE			s. Date Incorporated or Qualified 12/27/1996	sa. Date of Last Report	
	iace of Business	2a. Mailing Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4, FÉI Númber	Applied For	
21]	And thicke		<del></del>		38-2283116	Not Applicable	
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	¬ ' ' '		5. Certificate of Status Desired	3 \$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip [4]	Country 25	25 29 30			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	g Name and Address of Cu	rrent Registered Agent		• • • • • • • • • • • • • • • • • • • •	10, Name and Address of New Regist	ered Agent	
ENSL	.EY, KIRK		B1	Name			
3116		B2 Street A		ddress (P.O. Box Number is Not Acceptable)			
БОП	THOUSE POINTE FL 33064		63				
			84	City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607, egistered agent, or both, in the S	0502 and 607.1508, Florida Statutate of Florida, Such change was	ites, the above	e-named cor v the corpora	rporation submits this statement for the purp ation's board of directors. I hereby accept th		
	m familiar with, and accept the o	bligations of, Section 607.0505, Fi	iorida Statute	Б.			
SIGNATURE	Signature, typed or printed name of registered		TE. Registered Ag	ent signature requ	uifed when rainslating) [	DATE	
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICER	والمناوات	
TITLE	DCST	☐ DELETE	1.1 TITLE			Change Addition	
NAME	FREEMAN, MAX A		1.2 NAME				
STREET ADDRESS	DETROIT METROPOLITAN A	IRPORT, BLDG 356 MID	1.3 STREE	T ADDRESS			
Lilia - ST - ZIP	DETROIT MI 48242	III berete	1.4 CITY-	ST-ZIP			
THTLE	P DELE		2.1 TITLE			Change Addition	
NAME	GRAY, CHARLES A		2.2 NAME				
I	DETROIT METROPOLITAN A	IRPORT, BLDG 356 MID		TADDRESS		•	
City+ST ZIP	DETROIT MI 48242	DELETE	2. 4 CITY-	\$T+ZIP		District District	
THTLE		ET DETETE	3.1 TITLE		•	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
City - St - ZiP		DELETE	3.4. CITY-	ST-ZIP		Change Addition	
TITLE NAME			4.1 TITLE 4. 2 NAME			ET predige ET Voorde	
NAME STREET ADDRESS				T ADDRESS			
·					•		
CO y - ST - ZIP TIPLE		DELETE	4.4 CITY - 5.1 TITLE	31- <i>L</i> IP	Anni de de la constante de la	Change Addition	
NAMÉ		- Deterit	5.1 TITLE 5.2 NAME			E see E voncou	
STREET ADDRESS				T ADDRESS			
Cili - St - ZIP							
Title	DELETE		5.4 CITY - ST - ZIP 6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
City-St-ZIP			6.4 CITY -				
	by certify that the information sup	plied with this filing does not qual		<del>,, </del>	ed in Section 119.07(3)(i), Florida Statutes. I	further certify that the	
informatio Lam an o	on indicated on this annual report	or supplemental annual report is n or the receiver or trustee empor	true and acc wered to exe	urate and the	at my signature shall have the same legal effort as required by Chapter 607, Florida Statu	fect as if made under oath; ti	