


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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G95634** (3)

1. Corporation Name
FLIGHTSPARES INTERNATIONAL, INC.

Principal Place of Business 511 SE 32ND COURT FT LAUDERDALE FL 33316	Mailing Address 511 SE 32ND COURT FT LAUDERDALE FL 33316-4134
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2. Principal Place of Business 21 3700 North 29th Avenue Suite, Apt. #, etc. 22 Unit 101 City & State 23 Hollywood, FL Zip 24 33020		2a. Mailing Address 26 3700 North 29th Avenue Suite, Apt. #, etc. 27 Unit 101 City & State 28 Hollywood, FL Zip 29 33020		3. Date Incorporated or Qualified 04/09/1984		3a. Date of Last Report 04/22/1996	
25 USA		30 USA		4. FEI Number 65-0068578		Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent POWELL, ROBERT A 511 S.E. 32ND COURT FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
				81 Name Robert A. Powell			
				82 Street Address (P.O. Box Number is Not Acceptable) 3700 North 29th Avenue			
				83 Unit 101			
				84 City Hollywood, FL			
				85 Zip Code 33020			

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, ROBERT A			1.2 NAME			
STREET ADDRESS	1845 N.W. 99TH AVE.			1.3 STREET ADDRESS			
CITY- ST- ZIP	PLANTATION FL 33322			1.4 CITY- ST- ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, DAVID B			2.2 NAME	Martin, David B.		
STREET ADDRESS	97 WYATTS DR.			2.3 STREET ADDRESS	6 Copse Lane		
CITY- ST- ZIP	THORPE BAY, ESSEX, ENGLAND			2.4 CITY- ST- ZIP	Hamble Le Ryce, Southampton, England		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SADLER, STANLEY T			3.2 NAME			
STREET ADDRESS	ST. VALLERY, RAMSDEN PARK			3.3 STREET ADDRESS			
CITY- ST- ZIP	BILLERICAY ES			3.4 CITY- ST- ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNETT, BARRT			4.2 NAME			
STREET ADDRESS	19 NORTH DR.			4.3 STREET ADDRESS			
CITY- ST- ZIP	MAYLANDSEA ES			4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Director & G.M.		
STREET ADDRESS				5.3 STREET ADDRESS	Harding, A.A.		
CITY- ST- ZIP				5.4 CITY- ST- ZIP	19 Beech Close		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	Alderholt, Hants, England		
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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/97

Date

954-920-9797

Daytime Phone #

CR2E034 (9/96)