


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **G95634** (3)
1. Corporation Name
FLIGHTSPARES INTERNATIONAL, INC.

Principal Place of Business 3700 N 29 AVE 101 HOLLYWOOD FL 33020 US	Mailing Address 3700 N 29 AVE 101 HOLLYWOOD FL 33020 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1984	
4. FEI Number 65-0068578	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
POWELL, ROBERT A 3700 N 29 AVE 101 HOLLYWOOD FL 33020	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	General Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, ROBERT A	1.2 NAME	Jefferey J. Turk
STREET ADDRESS	1845 N.W. 99TH AVE.	1.3 STREET ADDRESS	6355 N.W. 54th Drive
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Financial Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, DAVID B	2.2 NAME	Steve Dingle
STREET ADDRESS	6 COPSE LN	2.3 STREET ADDRESS	4 Fox Meadows
CITY-ST-ZIP	HAMBLE LE RYCE SO	2.4 CITY-ST-ZIP	Benfleet, Essex, England
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, STANLEY T	3.2 NAME	
STREET ADDRESS	81 VALLERY, RAMSDEN PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICAY ES	3.4 CITY-ST-ZIP	
TITLE	DGM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, AA	4.2 NAME	
STREET ADDRESS	19 BEECH CLOSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALDERHOLT HA	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 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.

CP2E034 (10/97)