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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H31018

(5)

THE NIGHT FLIGHT, INC.

FILED May 13 1997 8:00am Secretary of State

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·	ace of Business	Mailing Address			
8515 SUNBEA TAMPA FL 33 US		8515 SUNBEAM LANE TAMPA FL 33615-3217 US			
				<ol> <li>Date Incorporated or Qualified 11/20/1984</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11		26		59-2489127	Not Applicable
Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta 23	ato	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	B. This corporation has liability fo	
4	25	29	30		Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Nan	10. Name and Address of New R	egistered Agent
	JTCHINS, SUZANNE		la la	io.	
8515 SUNBEAM LN TAMPA FL 33615			<b>82</b> Stre	et Address (P.O. Box Number is Not Accepta	ıble)
1,70	adi ri i C 000 io		83		
			84 City		FL 85 Zip Code
11 Puze iar	rd to the provisions of Sections 607.0	NSO2 and 607 1508 Florida Stat	utes the above nam	ed corneration submits this statement for the	Durage of changing its registered
office o agent I	r registered agent, or both, in the Sta Lam familiar with, and accept the ob	ate of Florida. Such change wa oligations of, Section 607.0505,	s authorized by the c Florida Statutes	ed corporation submits this statement for the orporation's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (N	OTE: Registered Agent signa	ture required when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		Change Addition
	HUTCHINS, SUZANNE C.	☐ DELETE	1,1 TITLE 1.2 NAME		Change Addition
	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE	☐ DELETE		ss	Change Addition
NAME	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL	_	1.2 NAME	s	
NAME STREET ADDRESS	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL PST	☐ DELETE	1.2 NAME 1.3 STREET ADDRES	ss	
CITY-ST-7-P	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL PST HUTCHINS, SUZANNE C.	_	1.2 NAME 1.3 STREET ADDRES 1.4 City-St-Zip	is .	
NAME STREET ADDRESS CITY-ST-Z-P TOLE NAME	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL PST HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE	_	1.2 NAME 1.3 STREET ADDRES 1.4 CITY - ST - ZIP 21 TITLE		
NAME STREET ADDRESS CITY-ST-Z-P TUTE NAME STREET ADDRESS	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL PST HUTCHINS, SUZANNE C.	☐ DELETE	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CHY-ST-ZP THE THE NAME STREET ADDRESS CHY-ST-ZIP	HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE TAMPA FL PST HUTCHINS, SUZANNE C. 8515 SUNBEAM LANE	_	1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES		Change Addition
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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 eath; 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 of Block f13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTO

SUZANNE C HUTCHINS

Mls. 4/20/97