

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 29 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 # J39952 (3)  
1. Corporation Name  
BURNSIDE-OTT AVIATION TRAINING CENTER, INC.

Principal Place of Business WUNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS MD 21401	Mailing Address WUNC INCORPORATED - TAX DEPARTMENT 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS MD 21401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/29/1986 3a. Date of Last Report 04/30/1996 4. FEI Number 52-1487053 5. Certificate of Status Desired 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 6. Election Campaign Financing Trust Fund Contribution 7. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP MOELLERING, JOHN H. 175 ADMIRAL COCHRANE DR ANNAPOLIS MD <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUBB, GREGORY M 175 ADMIRAL COCHRANE DR ANNAPOLIS MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T KENNETH G. MOSESIAN 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS, MD 21401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FAHEY, JAMES P. (ASST-T) 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LANGE, RICHARD H 175 ADMIRAL COCHRANE DR ANNAPOLIS MD <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS TERRI E. TRAUTH 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS, MD 21401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEVENSTEIN, ROBERT L. 175 ADMIRAL COCHRAN DRIVE ANNAPOLIS MD <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KROUPA, SHARON 175 ADMIRAL COCHRANE DRIVE ANNAPOLIS MD <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: \_\_\_\_\_

JAMES P. FAHEY

7/24/97 (410) 266-7333

CR2E034 (4/97)