FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1996

DOCUMENT # J69680 (3)

1. Corporation Name

COMAIR AVIATION ACADEMY, INC.

Principal Place of Business

2700 FLIGHT LINE AVENUE
PO BOX 1703
SANFORD FL 32772-1703

Mailing Address

2700 FLIGHT LINE AVENUE
PO BOX 1703
SANFORD FL 32772-1703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2700 FLIGHT LINE AVENUE
Suite, Apt. #, etc.
22
City & State
23 SANFORD FL
Zip 24 32772 Country 25

2a. Mailing Address
26 2700 FLIGHT LINE AVENUE
Suite, Apt. #, etc.
27
City & State
28 SANFORD FL
Zip 29 32772 Country 30

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2802660 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 agree to, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	RADEMACHER, RANDY	1.2 NAME	
STREET ADDRESS	26462 FARMLAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD IN	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	K. Michael Stuart	2.2 NAME	
STREET ADDRESS	8435 Greenleaf Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45255	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	Brian L. McDonald	3.2 NAME	
STREET ADDRESS	7475 Valleyview Place Apt 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45244	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	500001807595
STREET ADDRESS		4.3 STREET ADDRESS	-05/04/96--01004--029
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	5-1-96
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JR
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 is voluntarily furnished and 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: Brian L McDonald 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #