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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69680

1. Corporation Name
COMAIR AVIATION ACADEMY, INC.

Principal Place of Business	Mailing Address
2700 FLIGHT LINE AVENUE SANFORD FL 32772 US	~~PO BOX 75353~~ ~~CINCINNATI OH 45275~~ ~~US~~ 2700 FLIGHTLINE AVE SANFORD, FL 32773 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1987

2. Principal Place of Business 21	2a. Mailing Address 26 2700 FLIGHT LINE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 SANFORD, FL
Zip / Country 24 / 25	Zip / Country 29 32773 / 30 US

4. FEI Number: 59-2802660 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEMS INC 1201 HAYS ST TALLAHASSEE FL 32301	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 accept 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	P	☐ DELETE	1.1 TITLE	CHIEF EXECUTIVE OFFICER	☒ Change ☐ Addition
NAME	GREEN, GARY		1.2 NAME	GREEN, GARY D.	
STREET ADDRESS	2258 TOWER DR		1.3 STREET ADDRESS	2258 TOWER DR	
CITY-ST-ZIP	ERLANGER KY 41018		1.4 CITY-ST-ZIP	ERLANGER, KY 4018	
TITLE	VPS	☐ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	MC DONALD, BRIAN		2.2 NAME	YOCUM, MIKE	
STREET ADDRESS	2258 TOWER DR		2.3 STREET ADDRESS	2700 FLIGHT LINE AVE	
CITY-ST-ZIP	ERLANGER KY 41018		2.4 CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	VP	☒ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	WENZYL, LYNDA		3.2 NAME	SUSAN BURRELL	
STREET ADDRESS	2258 TOWER DR		3.3 STREET ADDRESS	2700 FLIGHT LINE AVE	
CITY-ST-ZIP	ERLANGER KY 41018		3.4. CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CEYNOWA, WAYNE		4. 2 NAME		
STREET ADDRESS	2258 TOWER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ERLANGER KY 41018		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Michael Yocum SIGNATURE Michael Yocum 1-19-99 407-330-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)