

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90005 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J79967

Corporation Name
 FLIGHTSHOPS, INC.



Principal Place of Business Mailing Address
 WILLIAM C. SCHMEDEL % WILLIAM C. SCHMEDEL
 6 142ND AVENUE NORTH 4295 142ND AVENUE NORTH
 CLEARWATER FL 34622-9990 CLEARWATER FL 34622-9990

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
 14402 AIRPORT PARKWAY 26 SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 ST. PETERSBURG/CLEARWATER AIRPORT
 City & State City & State
 CLEARWATER FL 28
 Zip Country Zip Country
 33762-2900 25 US 29 30

3. Date Incorporated or Qualified
 06/26/1987
 4. FEI Number Applied For
 59-2812066 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 CHRISTENSEN, BETTY J
 ST. PETERSBURG-CLEARWATER AIRPORT
 CLEARWATER FL 34622

10. Name and Address of New Registered Agent
 81 Name PAUL GAGLIANO
 82 Street Address (P.O. Box Number is Not Acceptable)
 14402 AIRPORT PARKWAY
 83 FLIGHTSHOPS BLDG.
 84 City CLEARWATER FL 85 Zip Code 33762-2900

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: PAUL GAGLIANO DATE: 1/6/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS ST-ZIP	PD GAGLIANO, P 12156 6TH ST E TREASURE IS FL 33706 <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
ET ADDRESS ST-ZIP	SD BARNETT, T 11223 WHEELING DR TAMPA FL 33625 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<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
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<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
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: PAUL GAGLIANO DATE: 1/6/99 727-530-1415
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CRZE034 (5/99)