

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  
Sep 11 1997 8:00am  
Secretary of State



|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **L78467**  
1. Corporation Name  
**AMERICAN FLYERS COLLEGE, INC.**

(2)

Principal Place of Business  
**5400 N.W. 21ST TERRACE  
FT. LAUDERDALE FL 33309  
US**

Mailing Address  
**% DONALD D. HARRINGTON  
3 N 040 POWIS RD  
W CHICAGO IL 60185  
US**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/07/1990</b>  | 3a. Date of Last Report<br><b>06/04/1996</b> |
| 4. FEI Number<br><b>65-0216638</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be<br>Added to Fees        |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>1401 N.E. 10TH STR.</b> | 2a. Mailing Address<br>26 Suite, Apt. #, etc. |
| 22 Suite, Apt. #, etc.  | 27 Suite, Apt. #, etc.                        |
| 23 City & State<br><b>POMPANO, FL</b>                           | 28 City & State                               |
| 24 Zip<br><b>33060</b>  | 29 Country<br><b>USA</b>                      |
| 25 Country  | 30 Country                                    |

9. Name and Address of Current Registered Agent

**HARRINGTON, DONALD D.  
1900 SW 145TH AVE  
DAVIE FL 33325**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>D</b>                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARRINGTON, DONALD D.</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1900 SW 145TH AVE</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DAVIE FL</b>              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCCORMACK, R. CLARK</b>   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>RT. 7, BOX 227-7</b>      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>GAINESVILLE TX</b>        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PILL, GREGG M.</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1024 WILLIAMSBURG ST</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WESTMONT IL</b>           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 6.2 NAME  |   |
| 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 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 

(630) 584-4700

CR2E034 (4/97)