

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L96632 (9)**

1. Corporation Name  
**FLIGHT ASSOCIATES, INC.**



Principal Place of Business: **2731 NORTHEAST 4TH STREET POMPANO BEACH FL 33062**  
Mailing Address: **2731 NORTHEAST 4TH STREET POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **08/20/1990**  
3a. Date of Last Report: **05/02/1995**

2. Principal Place of Business: **21 7519 S.W. 28 St**  
2a. Mailing Address: **26 7519 S.W. 28 St**  
22. City & State: **27 Davie, FL**  
23. Zip: **24 33314** Country: **25 Broward** **29 33314** **30 Broward**

4. FEI Number: **65-0216758**  
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  
**COCALIS, ALEXANDER**  
**2731 NORTHEAST 4TH STREET**  
**POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent  
81 Name: **Henry Sherdell**  
82 Street Address (P.O. Box Number is Not Acceptable): **7519 S.W. 28 St.**  
83  
84 City: **Davie** **FL** 85 Zip Code: **33314**

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: **HENRY SHERDELL** *Henry Sherdell* **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOFFIT, WILLIAM L.	
STREET ADDRESS	2800 EAST SUNRISE BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHERDELL, HENRY	
STREET ADDRESS	7519 S.W. 28TH STREET	
CITY-ST-ZIP	DAVIE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	COCALIS, ALEXANDER	
STREET ADDRESS	2731 N.E. 4TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURR, ALEX	
STREET ADDRESS	13100 CORONADO DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLD, EDWARD	
STREET ADDRESS	20976 CIPRES WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Vice-Pres, Secty
23 STREET ADDRESS	SHERDELL, HENRY
24 CITY-ST-ZIP	7519 S.W. 28 ST DAVIE, FL 33314
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Treasurer
33 STREET ADDRESS	BOWERS, BRUCE
34 CITY-ST-ZIP	1380 N.W. 86 WAY CORAL SPRINGS, FL 33071
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001810252
53 STREET ADDRESS	-05/07/96--01010--042
54 CITY-ST-ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: *Henry Sherdell* **HENRY SHERDELL** **04-10-96** **954-474-1210**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **7519 S.W. 28 St.** **Davie, FL 33314-1004** Date: \_\_\_\_\_ Date/Time Phone #: \_\_\_\_\_

CR2E034 (12/95)