

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
POMPAHO BEACH FL 33062

Mailing Address

2731 NORTHEAST 4TH STREET
POMPAHO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21 7519 S.W. 28 St
Suite, Apt. #, etc.

26 7519 S.W. 28 St
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Davie, FL

28 Davie, FL

24 Zip 33314

25 Broward

29 Zip 33314

30 Broward

9. Name and Address of Current Registered Agent

COCALIS, ALEXANDER
2731 NORTHEAST 4TH STREET
POMPAHO BEACH FL 33062

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
05/02/1995

4. FEI Number
65-0216758

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

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

Signature typed or printed name of registered agent and state, county, and date.

Signature typed or printed name of registered agent and state, county, and date.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOFFIT, WILLIAM L.
STREET ADDRESS 2800 EAST SUNRISE BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE TD
NAME SHERDELL, HENRY
STREET ADDRESS 7519 S.W. 28TH STREET
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE VSO
NAME COCALIS, ALEXANDER
STREET ADDRESS 2731 N.E. 4TH STREET
CITY-ST-ZIP POMPAHO BEACH FL

☒ DELETE

TITLE D
NAME DURR, ALEX
STREET ADDRESS 13100 CORONADO DR
CITY-ST-ZIP N. MIAMI FL

☐ DELETE

TITLE D
NAME GOLD, EDWARD
STREET ADDRESS 20976 CIPRES WAY
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add on

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Vice-Pres, Secty
22 NAME SHERDELL, HENRY
23 STREET ADDRESS 7519 S.W. 28 ST
24 CITY-ST-ZIP DAVIE, FL 33314

31 TITLE Treasurer
32 NAME BOWERS, BRUCE
33 STREET ADDRESS 1380 N.W. 86 WAY
34 CITY-ST-ZIP CORAL SPRINGS, FL 33071

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE 200001810262
52 NAME -05/07/96--01010--042
53 STREET ADDRESS ***200.00
54 CITY-ST-ZIP

61 TITLE
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

7519 S.W. 28 St.
Davie, FL 33314-1004

04-10-96

954-474-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)