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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

7519 SW 28TH ST.
DAVIE FL 33314

Mailing Address

7519 SW 28TH ST.
DAVIE FL 33314-1004

3. Date Incorporated or Qualified
08/20/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1380 NW 86 Way

Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS, FLORIDA

24 33071

25

2a. Mailing Address

26 1380 NW 86 Way

Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS, FLORIDA

29 33071

30

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SHERDELL, HENRY
7519 SW 28TH ST.
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name BRUCE BOWERS

82 Street Address (P.O. Box Number is Not Acceptable)

1380 NW 86 Way

83

84 City CORAL SPRINGS

FL

85 Zip Code 33071

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

Bruce Bowers (TREASURER)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/4/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE V/S ☒ DELETE

NAME SHERDELL, HENRY
STREET ADDRESS 7519 SW 28TH ST.
CITY-ST-ZIP DAVIE FL 33314

TITLE T ☐ DELETE

NAME BOWERS, BRUCE
STREET ADDRESS 1380 NW 86 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. 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:

Bruce Bowers

2.4.97

(954) 752-9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0274015

CR2E034 (9/96)