

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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.

2a. Mailing Address
26 1380 NW 86 Way
Suite, Apt. #, etc.

4. FEI Number 65-0216758
Applied For Not Applicable

22 City & State
23 Coral Springs, Florida
Zip 33071 Country

27 City & State
28 Coral Springs, Florida
Zip 33071 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. 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)
DATE 2/4/97

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	V/S	<input checked="" type="checkbox"/> DELETE
NAME	SHERDELL, HENRY	
STREET ADDRESS	7519 SW 28TH ST.	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOWERS, BRUCE	
STREET ADDRESS	1380 NW 86 WAY	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
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

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALEXANDER COCALIS	
2.3 STREET ADDRESS	2731 NE 4 ST.	
2.4 CITY - ST - ZIP	POMPANO BEACH, FL. 33062	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Bruce Bowers* BRUCE BOWERS 2.4.97 (954) 752-9619
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)