

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90258 025 ***150.00

0160656

DOCUMENT # L96632

1. Corporation Name

FLIGHT ASSOCIATES, INC.

Principal Place of Business

1380 NW 86 WAY
CORAL SPRINGS FL 33071
US

Mailing Address

1380 NW 86 WAY
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BOWERS, BRUCE
1380 NW 86 WAY
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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 VS ~~DELETE~~

NAME COCALIS, ALEXANDER
STREET ADDRESS 2731 NE 4 ST
CITY-ST-ZIP POMPANO BCH FL

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

1.1 TITLE EDWARD GOLD P ~~Change~~ ☐ Addition

1.2 NAME 20976 CIPRES WAY
1.3 STREET ADDRESS BOCA RATON FL.
1.4 CITY-ST-ZIP

2.1 TITLE BT ~~Change~~ ☐ Addition

2.2 NAME BRUCE BOWERS
2.3 STREET ADDRESS 1380 NW 86 WAY
2.4 CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME ANTHONY ARD
3.3 STREET ADDRESS 240 SE 28 AVE
3.4 CITY-ST-ZIP POMPANO BEACH FL.

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME DIGBE SAOMON
4.3 STREET ADDRESS 2920 NW 25 WAY
4.4 CITY-ST-ZIP BOCA RATON FL.

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME STEVE WIRTHHEIM
5.3 STREET ADDRESS 299 N. RIVERSIDE DR #307
5.4 CITY-ST-ZIP POMPANO BEACH FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: BRUCE BOWERS

4-24-99

945-346-1399

Date

Daytime Phone #

CR2E034 (1/98)