

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

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

04-29-1999 90258 025 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		08/20/1990		65-0216758		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOWERS, BRUCE 1380 NW 86 WAY CORAL SPRINGS FL 33071				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	Edward Gold P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFIT, WILLIAM L.	1.2 NAME	20976 CIPRES WAY
STREET ADDRESS	2800 EAST SUNRISE BLVD.	1.3 STREET ADDRESS	BOCA RATON FL.
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VS DELETE	2.1 TITLE	OT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCALIS, ALEXANDER	2.2 NAME	BRUCE BOWERS
STREET ADDRESS	2731 NE 4 ST	2.3 STREET ADDRESS	1380 NW 86 WAY
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERS, BRUCE	3.2 NAME	Anthony ARD
STREET ADDRESS	1380 NW 86 WAY	3.3 STREET ADDRESS	240 SE 28 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	POMPANO BEACH FL.
TITLE	D DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURR, ALEX	4.2 NAME	D Digbe Saomon
STREET ADDRESS	13100 CORONADO DR	4.3 STREET ADDRESS	2920 NW 25 WAY
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	BOCA RATON FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, EDWARD	5.2 NAME	STEVE WIRTHHEIM
STREET ADDRESS	20976 CIPRES WAY	5.3 STREET ADDRESS	299 N. RIVERSIDE DR #307
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: BRUCE BOWERS 4-24-99 945-346-1399
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)