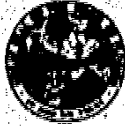


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 APR 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001009 (9)

1. Corporation Name

FLIGHTCREW TRAINING, INC.

Principal Place of Business

933 ALLAMANDA DRIVE
DELRAY BEACH FL 33483

Mailing Address

933 ALLAMANDA DRIVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1982

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0383156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

ROBERT H. LASETER JR

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

933 ALLAMANDA DRIVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483-4917

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

Robert H. Laseter Jr
Signature, typed or printed name of registered agent and title if applicable

ROBERT H. LASETER JR

9 APR 95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LASETER, ROBERT H JR.
STREET ADDRESS	933 ALLAMANDA DRIVE
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	DST
NAME	LASETER, CARLENE L
STREET ADDRESS	933 ALLAMANDA DRIVE
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Robert H. Laseter Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 APR 95

Date

407-271-7602

Telephone Number