FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059625 (1)**

1. Corporation Name

FLIGHTPATH LEASING CORPORATION

Principal Place of Business	Mailing Address
~~145 PARKBROOK CIRCLE~~ ~~TALLAHASSEE FL 32301~~ 3226 Cap Cir	~~P.O. BOX 4217~~ ~~TALLAHASSEE FL 32315~~

3. Date Incorporated or Qualified: 08/12/1994	3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-3260870	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21: 3226 Capital Circle S.W.	Same
22 Suite, Apt. #, etc.:	27 Suite, Apt. #, etc.:
23 City & State: Tallahassee, FL	28 City & State:
24 Zip: 32310	25 Country: USA
29 Zip:	30 Country:

9. Name and Address of Current Registered Agent

~~BROOKS, CHRISTOPHER B~~
~~150 PARK BROOK CIRCLE~~
~~TALLAHASSEE FL 32301~~

~~James B. Currasi~~
~~3226 C~~

10. Name and Address of New Registered Agent

81 Name: J.B. Currasi
82 Street Address (P.O. Box Number is Not Acceptable): 3226 Capital Circle S.W.
83
84 City: Tallahassee FL 85 Zip Code: 32310

11. Pursuant to the provisions of Section 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: J.B. Currasi 4/30/96
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~BROOKS, CHRISTOPHER B~~		1.2 NAME		
STREET ADDRESS	~~145 PARK BROOK CIRCLE~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE FL 32301~~		1.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~JURAND, ROBERT B~~		2.2 NAME		
STREET ADDRESS	~~1904 E. NELSON CIRCLE~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE FL 32303~~		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~WOODING, RONALD E~~		3.2 NAME		
STREET ADDRESS	~~P.O. BOX 103003 N/A~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE FL 32302~~		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~WOODING, RONALD E~~		4.2 NAME		
STREET ADDRESS	~~P.O. BOX 10303 N/A~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~TALLAHASSEE FL 32302~~		4.4 CITY-ST-ZIP		
TITLE	~~Williams~~	☐ DELETE	5.1 TITLE	P.D.	☐ Change ☑ ~~Addition~~
NAME			5.2 NAME	William H. Harper	
STREET ADDRESS			5.3 STREET ADDRESS	3226 Capital Circle S.W.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE		☐ DELETE	6.1 TITLE	D, V.P.	☐ Change ☑ ~~Addition~~
NAME			6.2 NAME	Richard L. Ledbetter	
STREET ADDRESS			6.3 STREET ADDRESS	3226 Capital Circle S.W.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tallahassee FL 32310	

CR2E034 (12/95)

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 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 added to an attachment with an address.

SIGNATURE: [signature] 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)