

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 # P94000071150 (4)

1. Corporation Name

FLIGHT DYNAMICS CORPORATION



Principal Place of Business

4801 ASHLEY DR
TITUSVILLE FL 32780

Mailing Address

PO BOX 5214
TITUSVILLE FL 32783-5214
US

2. Principal Place of Business

21 370 GOLDEN KNIGHTS BLVD

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Titusville FL

24 32780

Country

29

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

05/01/1995

4. FET Number

59-3275669

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

10. Name and Address of New Registered Agent

DIBIASE, NICHOLAS F
4801 ASHLEY DR
TITUSVILLE FL 32780

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

(If 11. Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DIBIASE, NICHOLAS F
STREET ADDRESS
4801 ASHLEY DRIVE
CITY - ST - ZIP
TITUSVILLE FL

TITLE ☒ DELETE

NAME
DEAN, EDWARD
STREET ADDRESS
PO BOX 5214 N/A
CITY - ST - ZIP
TITUSVILLE FL

TITLE ☒ DELETE

NAME
MORGAN, PETER
STREET ADDRESS
HITCHAM BURY MANOR,
CITY - ST - ZIP
HUNTS LANE BE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
P/N/S/T/D
DIBIASE, NICHOLAS F

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
MATTHEW A DIBIASE

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
GEORGETTE COLIGNON

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 119.07(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:

NICHOLAS F DIBIASE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-96

407-383-3535

CR2E034 (12/95)

5/1/96