

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000024154 (3)

1. Corporation Name
FLIGHTSMITH, INC.



Principal Place of Business: 1262 HARBOR POINT DR PT ORANGE FL 32127
Mailing Address: 1262 HARBOR POINT DR PT ORANGE FL 32127

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report:
4. FET Number: 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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**SIMPSON, SCOTT E
595 W GRANADA BLVD, STE A
ORMOND BEACH FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: 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: _____
Signature of current registered agent or new registered agent (if applicable) (NOTE: If signed Agent's signature required when reinstating.) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bruce M Smith	
13 STREET ADDRESS	1262 Harbor Pt. Dr.	
14 CITY-ST-ZIP	Port Orange FL 32127	
21 TITLE	VP operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Bradley M Smith	
23 STREET ADDRESS	1262 Harbor Pt. Dr.	
24 CITY-ST-ZIP	Port Orange FL 32127	
31 TITLE	Sec-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Florence A. Smith	
33 STREET ADDRESS	1262 Harbor Pt. Dr.	
34 CITY-ST-ZIP	Port Orange FL 32127	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500001883085	
63 STREET ADDRESS	-07/03/96--01028--017	
64 CITY-ST-ZIP	***225.00	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce M Smith* *Procs Bradley M Smith* 23 June 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-261-7657

CR2E034 (3/96)