

**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 (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, Apt #, City & State, Zip, and 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 (81-85) fields.

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 registered agent required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Bruce M Smith
STREET ADDRESS		13 STREET ADDRESS	1262 Harbor Pt. Dr.
CITY-ST-ZIP		14 CITY-ST-ZIP	Port Orange FL 32127
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VP operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Bradley M Smith
STREET ADDRESS		23 STREET ADDRESS	1262 Harbor Pt. Dr.
CITY-ST-ZIP		24 CITY-ST-ZIP	Port Orange FL 32127
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Sec-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Florence A. Smith
STREET ADDRESS		33 STREET ADDRESS	1262 Harbor Pt. Dr.
CITY-ST-ZIP		34 CITY-ST-ZIP	Port Orange FL 32127
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	500001883085
STREET ADDRESS		63 STREET ADDRESS	-07/03/96--01028--017
CITY-ST-ZIP		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, Pres, Bradley M Smith 23 June 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)