SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500057581 (7)

Aug 21 1997 8:00am Secretary of State

NAME BAZEMORE, BARNEY R 1.2 NAME 1.3 SIREET ADDRESS	EXEC L	J FLITES, INC.	Mailing Address					
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2. Principal Flace of Business								Penort
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SUIR, ACT I, etc. SUIR	2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 19-25		
Sulfic Apt #. etc. 27 William Day 27 William Day 5. Confidence of Status Desired \$8.75 Additional Fee Required \$5.00 May Be Added to Fees \$2.00 minus \$2.0				Jeepi	ΛQ	31.3	ノベ・シンファー・	
City & Slate City & Slate Country Zip Z	Suite, Apt. #, etc. Suite, Apt. #, etc.			h Jan	3		\$8.75	Additional
Zip						6 Flection Campaign Financing		· · · · · · · · · · · · · · · · · · ·
Zip Country Zip		•	 	,				
MAGILL, PATRICK M 2110 E ROBINSON ST ORLANDO FL 32803 ***Part Comment of the provisions of Sections 607 6502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the acceptance of the provisions of State agent	Zip	├ ¬ '		<u> </u>	try			
Addition A CITY ST.2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ORLANDO FL 32803 B2 Street Address (P.O. Box Number is Not Acceptable) B3 City PL 85 Zip Code 4 City PL 85 Zip Code 5 Zip		g, Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
2110 E ROBINSON ST ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	MA	IGILL, PATRICK M		1	Name			
STATE ADDRESS STREET ADDRESS STREE	211	10 E ROBINSON ST) t	Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
SIGNATURE	OR	ILANDO FL 32803				· · · · · · · · · · · · · · · · · · ·		
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 agent. Term familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE True				١	93			
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Fiorida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statules. 12.				8	34 City		- 85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607.9505, Florida Statutes. SIGNATURE 12.	dd Directory	to the are delegand Continue COZ OFOR) d 007 1500 Finds 01-1	de de en		and the submitted this statement for the		the section conf
SIGNATURE Signature, typed or printed name of registered agent and time if applicable (NOTE Registered Agent agentarine registaling) DATE 12.	l office or r	regi stered agent, or both, in the State (of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the patients of the patients board of directors. I hereby accept	ourpose of changing i pt the appointment as	ts registered
Signalure, hybor for prisent anne of registered agent and title if incipicable (NOTE Registered Agent apparature required when registering) DATE	agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.			
12.	SIGNATURE	Stonature, broad or popular name of registered agen	I and little if applicable (NC)	TF: Redistered	Anoni signature regul	lired when redistation)	DATE	
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CITY-S1-2IP 64 CITY-S1-2IP 14. Lido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the		ny antify that the information average	with this filing does not			od in Contine 110.07(0)(i) Clarida Ct-1	o I further a suit of a	l 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.