FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023746 (6)

FLIGHT ENGINEERING, INC.

Principal Place of Business	

Mailing Address

D A DAY SIACIO

FILED May 16 1997 8:00am Secretary of State



LOXAHATCHEE FL \$3470			YAL PALM B		33421-0546								
								3. Date In 03/18	corporated or Qual	tified 3	3a. Date of Las	t Report	7
2. Principal Place of Busine	SS	2a. Mailing Address						4. FEI Nur				Applied For	+
21 6566 Wallis F	toad	26 PO Box 210546					l	65-6	0645800		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #	, etc.					ate of Status Desire	ed [<u>¢0</u> 7	5 Additional	1
22		27						o. Certifica	ale of Status Desire	3U L	Fee	Required	
City & State	.ah	City & State						6. Election Campaign Financing \$5.00 May Be					
		 	Royal Palm Beach FL					Trust Fund Contribution Added to Fees					
Zip	Country	}- ¬	Zip		Country				rporation has liabili			r s. 199.032,	1
24 33413 21		29 Regist	33421		30 USA			Florida Statutes Yes No					
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MODANGLICAL MICHAEL D. 81 Name											-	
MCDONOUGH, I							Te	ets, F.	. David	JR.	•		
12798 FOREST HILL BLVD				82		Teets, F. David Jr Address (P.O. Box Number is Not Acceptable)						7	
SUITE 201A WELLINGTON FI	00444				83				Hill Blvd	•			4
WELLINGTON FI	. 33414				"		ite	204					
					84		11.1		,			ip Code	1
11. Pursuant to the provision	ns of Sections 607.0502	and 60	7. 1508. Flori	ria Statule	as the above	e-named	corpor	ington'	s this statement for	r the nurn	ose of changing	3414	4
11. Pursuant to the provision office or registered agentagent. I am familiac with	nt, or both, in the State of	Florid	a Such chai	nge was a	uthorized by	the corp	oralion	's board of	directors. I hereby	accept th	ne appointment	as registered	
agent rain tained Sylli	TEETS	oris or,	Section 607	.0505, FIC	inga Statule:	·/	% _	1/2			4/1/16		
SIGNATURE Signature, lyped or	printed name of registered agent	and titic if	f applicable	(NOTO	Registered Age	M. signature	required	when reinstating	<u>,</u>)		11417	/	-
12.	OFFICERS AND				13.				NS/CHANGES TO	OFFICER	S AND DIRECT	ORS IN 12	18
TITLE Presid	lent.		□ D	ELETE	1.1 111LE		Pre	sident			Charig	e 🔀 Addition	(96/o/ 0/o/
NAME	J. Goyette Ji	_			1.2 NAME				Goyette Jr	•			3
STREET ADDRESS 13621	Fox Tr, Loxal	eta	hoo FT.	3342	1.3 STREET	ADDRESS			Trail				ľ
CITY-SI-ZIP	10/11/10/10				14 CITY - S	I - ZIP	Lox	ahatch	ee, FL 334	21]&
	resident		∠ ∐ D	ELETE	2 1 1014	-		e Pres	•		Chang	e 🔀 Addition	ျင
NAME Annett	e J. Goyette				2.2 NAME		Anr	nette J	. Goyette				
STREET ADDRESS 13621	Fox Trail				2 3 STREET	ADDRESS	136	21 Fox	Trail				
CITY-ST-ZIP Loxaha	tchee, FM-33	121_			2 4 CiTY-	ST-ZIP	_Lox	kahatch	ee, FL 334	21			
Secret	ary /		μυ	ELETE	3 1 TITLE		Spe	DOCTOR D	Treasure	∍r	Chang	e 🔀 Addition	
NAME Gertri	ide Lartz				3.2 NAME		Ger	trude	Lurtz				
STREET ADDRESS 314 Sc	outh Lakeside	Dri	.ve		3.3 \$1REET	· I	314	South	Lakeside	Drive	e		
TITLE Lake	forth, FL 334	50		ELETE	3.4. CITY - !	S1- 2(P	-Lab	ke Wort	h, FL 3346	0		. 137 1320	-
			U 1	11112	4.1 1011.6		Sec	cretary	7		Chang	e 🔀 Addition	
Pecer	Lurtz outh Lakeside	Desi	110		4. 2 NAME	IDDUTOS		er Lur					
	Worth, FL 334		.ve		4.3 STREET				Lakeside		€		
CITY-ST-ZIP Lake V	MOLCHI ED 334	ου	D	FLETE	4.4 CHTY - S 5.1 TITLE	1-702	-Lal	e Wort	h, FL 3346	50	☐ Chang	e Addition	-
NAME			L V		5.2 NAME						C chang	o LT Wouldon	
STREET ADDRESS					5.3 STREET	VDDBt cc							
CITY-ST-ZIP					5.4 CITY - S	- 1							
TITLE			D	ELETE	6.1 TITLE	1-211					Chang	e Addition	+
NAME				•	6.2 NAME						Land Griding		1
STREET ADDRESS					6.3 STREE1	ADDRESS							
CITY-ST-ZIP					6.4 CITY - S								
with the bank of the second					0.4 (111 - 2	1 6"			·····		· 		

I do 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 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.