

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000028641 (4)

1. Corporation Name
MEGA FLIGHT, INC.

Principal Place of Business
405 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address
405 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714-2542



2. Principal Place of Business
21 933 LEE ROAD

2a. Mailing Address
26 933 LEE ROAD

Suite, Apt. #, etc.
22 402

Suite, Apt. #, etc.
27 402

City & State
23 ORLANDO, FL

City & State
28 ORLANDO, FL

Zip Country
24 32810 25 USA

Zip Country
29 32810 30 USA

3. Date Incorporated or Qualified
04/02/1996

3a. Date of Last Report

4. FEI Number
59-3371664

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, RONALD
405 DOUGLAS AVENUE
SUITE 2005
ALTAMONTE SPRINGS FL 32714

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME NOEL, GILBERT
STREET ADDRESS 405 DOUGLAS AVENUE, SUITE 2005
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ROSENBERG, RONALD
STREET ADDRESS 405 DOUGLAS AVENUE, SUITE 2005
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME NOULEZ, LAURENCE
STREET ADDRESS 405 DOUGLAS AVENUE, SUITE 2005
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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.

SIGNATURE:

SK RATH

4/23/97

(405) 698 9985

CR2E034 (9/96)