

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 # V42349 (3)

1. Corporation Name

CHOICE AERONAUTICAL ACADEMY, INC.



Principal Place of Business

Mailing Address

1328 CLASSIC DRIVE
LONGWOOD FL 32779

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LONGWOOD FL 32779

2. Principal Place of Business

2e. Mailing Address

21 501 HGRNDON AVE. SUITE D

26 Suite, Apt #, etc.

22 ORLANDO, FL.

27 City & State

23 32803 ORANGE

28 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

07/13/1995

4. FEI Number

59-3138269

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

LITCHFORD, HALL K.
390 N. ORANGE AVE
SUITE 2200
ORLANDO FL 32802

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CRAWFORD, JOSEPH FORREST
STREET ADDRESS 1328 CLASSIC DRIVE
CITY-ST-ZIP LONGWOOD FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MAHNUSSON, HORDUR VIGNIR
STREET ADDRESS 1328 CLASSIC DRIVE
CITY-ST-ZIP LONGWOOD FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

SIGNATURE: *Joseph F. Crawford* JOSEPH F. CRAWFORD

6-28-96 407-895-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)