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 # V42349

(3)

APPROVED AND FILED

1997 MAY 12 PH 12: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CHOICE AERONAUTICAL ACADEMY, INC.) 1884 ONON DIRECTOR VIEW ONO VIEW	DAN ALAN ELA)) () () () () () () () () () () () () () () () () ()	D1011 1021	
Principal Place	e of Business	Mailing Address								
501 HERNDON AVENUE 1328 CLASSIC DRIVE SUITE D LONGWOOD FL 32779-5817										
ORLANDO FL 3	12803	2011011000 12 02/17 001	•				·		·	_
US						3. Date Incorporated or Qualified	1	of Last Re	eport	-
9 Principal III	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	06/05/1992 4. FEI Number	08/12	V 1996	plied For	
21 Trincipal F	lace of pusiness	26 Waning Address				59-3138269			t Applicable	Η.
Suite, Apt	#, etc	Suite, Apt. #, etc.						\$8.75		4
22		27				Certificate of Status Desired		Fee Re		1
City & State	9	City & State				5. Election Campaign Financing	-	\$5.00	May Be	7
23		26	·			Trust Fund Contribution		Added t	o Fees	_
Ζφ 12.01	Country	Zip		intry		8. This corporation has liability for i			199.032,)
24	9. Name and Address of Current	[29] Registered Agent	30	Υ	 	Florida Statutes 10. Name and Address of New Re	Yes			4
I ITO	HFORD, HALL K.			81	Name					1
	N. ORANGE AVE			82	Carnot Addre	ess (P.O. Box Number is Not Acceptab	in			4
,	E 2200			02	Olibbi Audit	ess (r.o. box Number is Not Noceptad	na))
	ANDO FL 32802			83						7
				84	City			85 Zip (Code	-
		***************************************			-					
11. Pursuant 1 office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Florida Statut f Florida. Such change was :	les, the a authorize	d by ti	named corp he corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of c	hanging it: ntment as	s registered registered	1
agent fa	m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida Sta	tutes.						1
SIGNATURE	Story throw Larged or great Appen of the charged append	and tile of tradeuphie (NOT	E. Dan stan	d Annot	Sign Divers 64 m dive	ad when reinstating)	DATE	· · · · · · · · · · · · · · · · · ·		
12.	Signature Typod or printed name of registered agent and title if applicable (NOTE: F OFFICERS AND DIRECTORS			O Z NOTE	angresione respons	ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12	d@
11'11	D	DELETE 1.1		1 TITLE				Change	Addition	CR2E034 (9/96)
NAME	CRAWFORD, JOSEPH FORREST	•	1.2 N	AME	ĺ	0000021	834	30-	4	8
STREET ADDRESS	1328 CLASSIC DRIVE		1.3 \$	TREET AC)Dress	-05/19/9	97011	36- <u>-</u> 0	102	
CITY - \$1 - 70°	LONGWOOD FL			TY-ST-	ZIP	****S50		***55		183
TILE	D	☐ DELETE	2.1 11		}	☐ Cha			Addition	
NAME STREET ADDRESS	MAHNUSSON, HORDUR VIGNIR		2.2 NAME 2.3 STREET		nnoree					1
CITY+ST-ZIP	1328 CLASSIC DRIVE LONGWOOD FL		- 6	HEET AL HTY-ST-	- (1
Title	LONGINODIC	DELETE	3.1 To		<u>'411</u>			Change	Addition	1
IMAM I			3.2 N		İ		_	-	-	
STREET ADDRESS			3.3 S	TREET AC	ODRESS					
CITY - ST - ZiP			3.4 0	ITY-S1-	ZIP					_]
TITUE		☐ DELETE	4.1 Ti				T	Change	Addition	
NAME			4.2 N		[
STREET ADORESS			1	TREET AC						
CITY -S1-7i*	and the state of t	DELETE	4.4 C	ITY-ST-	ZIP			Change	Addition	4
NAME		Co occur	5.1 II				L.	T Amilia	AUGIDIN	
STREET ADDRESS				ame Treet al	DDRESS					
CHY-S1-7#				194-51-						
TITLE		DELETE	6.1 1				L	Change	(1) Addition	1
NAME			6.2 N				-	A	A) 101	1
STREET ADDRESS			6.3 S	TREET AC	DDRESS			~ (3/106, ,	
CITY-SI 7IF				174-ST-					λι.	
14. Ldo heret	by certify that the information supplied i	with this filing does not quali	ly for the	exem	ption stated	in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the]

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

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING SFFICER ON DIRECTOR

03-04-97 407-895-7346