

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 # V47443 (9)
 1. Corporation Name
CHARIOT AVIATION TRAINING SERVICES, INC.



Principal Place of Business 118 SCRANTON ST FT. WALTON BCH FL 32547-2538 US	Mailing Address 118 SCRANTON ST 32547-2538 FL 32541 US
---	--

2. Principal Place of Business 21 9139 RIDGE DR.	2a. Mailing Address 26 P.O. Box 5462
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 NAVARRE, FL	City & State 28 NAVARRE, FL
Zip 24 32566	Country 25 SANTA ROSA
Country 29 32566-0162	Country 30 SANTA ROSA

3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 04/18/1995
4. FEI Number 59-3130257	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOHERTY, THOMAS J
 118 SCRANTON ST
 FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name THOMAS J. DOHERTY
82 Street Address (P.O. Box Number is Not Acceptable) 9139 RIDGE DR.
83
84 City NAVARRE
85 Zip Code FL 32566

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: *Thomas J. Doherty* (NOTE: Registered Agent signature required when resigning) **6-12-96** DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DPT	<input type="checkbox"/>
NAME	DOHERTY, THOMAS J.	
STREET ADDRESS	118 SCRANTON ST	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	DV	<input type="checkbox"/>
NAME	NELSON, RAINER J	
STREET ADDRESS	843 KELL AIRE DRIVE	
CITY - ST - ZIP	DESTIN FL	
TITLE	DS	<input type="checkbox"/>
NAME	O'REILLY, JOHN M JR.	
STREET ADDRESS	505 PARRISH POINT	
CITY - ST - ZIP	MAY ESTHER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DOHERTY, THOMAS J.		
1.3 STREET ADDRESS	9139 RIDGE DR.		
1.4 CITY - ST - ZIP	NAVARRE, FL 32566		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Doherty - PRESIDENT* **6-12-96** **904-936-9384**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYPHONE

CR2E034 (3/96)