

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704522 (2)

1. Corporation Name

FLYING EDUCATORS, INC.



Principal Place of Business

Mailing Address

~~18423 NW 9TH CT~~  
~~PEMBROKE PINES FL 33029-3607~~  
~~US~~18423 NW 9TH CT  
PEMBROKE PINES FL 33029-3607  
US3. Date Incorporated or Qualified  
09/14/19623a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 5500 NW 21 TERRACE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BOX 31

27

City &amp; State

City &amp; State

23 FT. LAUDERDALE, FL

28

Zip

Country

Zip

Country

24 33309-2732

25

US

29

30

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

UTLEY, GREG  
18423 NW 9TH CT  
PEMBROKE PINES FL 33029

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MERGEN, FRANK  
STREET ADDRESS 2111 NW 30TH RD  
CITY- ST- ZIP BOCA RATON FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIPTITLE VD ☐ DELETE  
NAME FOREST, FERNANDO P., JR.  
STREET ADDRESS 840 CAMELIA CT.  
CITY- ST- ZIP FT. LAUDERDALE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIPTITLE STD ☐ DELETE  
NAME UTLEY, GREG  
STREET ADDRESS 18423 NW 9TH CT  
CITY- ST- ZIP PEMBROKE PINES FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (305) 378-7748

Date

Daytime Phone # 0024074

CP2E037 (9/96)