FLORIDA DEPARTMENT OF STATE Secretary of State UNIFORM BUSINESS REPORT (UBR). DIVISION OF CORPORATIONS					AMENDED UNIFORM BUSINESS REPORT F.S. 607:[1622(7) Filing Fee: 61.25		
DOCUMENT # F74797 1. Corporation Name F74797 Sheltair Orlando Air Center, Inc.					SECRETARY OF STATE TALLAPASSEE PLORIDA		
Principal Place of Business		Mailing Address					
					3, Date Incorporated or Qualified 4/1/1982	3a. Date of Last Report	
2. Principal Place of	2a. Mailing Address			4. PEI Number	Applied For		
21 4860 NE 12th	26 4860 NE 12th	Avenu	<u> </u>	592196994	Not Applicable		
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State				6. Election Campaign Financing	\$5,00 May Be	
23 Pt. Lauderdale FL		28 Ft. Lauderdale FL		Trust Fund Contribution	Added to Pees		
Zip 24 33334	County 25 Broward	Zip 29 33334B	County	Broward	8. This corporation has liability for intangible tax under a. 199.032, Plorida Statutes Yes No		
	me and Address of Current R	egistered Agent			0. Name and Address of New Register	ed Agent	
				91 Name John F. Schr	Schmatz		
DUDLEY, DONA				82 Street Address (P.O. Box Number is Not Acceptable)			
858 PINE MEAD ORLANDO, FL				42	E 12th Avenue		
VALUE OF THE	38020			83			
			·)	84 City Ft. Lauderdale333 FL 85 Zip Code 333334			
or registered agent.	provisions of Sections 607.1508 or both, in the State of Plorida with, and accept the obligations	. Such change was auth	iorized ' Iorida S	by the cosporation's it tatutes.	nits this statement for the purpose of cha- board of directors. I hereby accept the s	nging its registered office appointment as registered	
SIGNATURE Signa	ture, typed or printed name of registeres	d aront and title if applicable.		Donald M. Dudley OTE: Registered Agent II	gnature required when reinstating) DATE		
12.	OFFICERS AND DIRE	CTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P, D	DELETE		ITLE		Change Addition	
STREET ADDRESS CITY-ST-ZIP	Gerald M. Holland 4860 NE 12th Avenue Pt. Louderdale PL 33334		1,2 NAME 1,3 STRBET / 1,4 CITY-STA		200024169	9542 	
TITLE	VP, S, T, D	T.D DELETE		ITLE	10/21/0501077-08	Change Addition	
NAME STREET ADDRESS	John P. Schmatz 4860 NE 12th Avenue	Schmatz 2.		.2 NAME .3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	Pt. Lauderdale FL 33334			TY-ST-ZIP			
	والمتعادية والمستعمل والمتعادد	DELETE		TLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4860 NE 12th Avenue Pt. Lauderdale PL 33334		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 T	ITLE		Change Addition	
NAME CTOUCH ADDRESS	4860 NE 12th Avenue Ft. Lauderdale FL 33334			TREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		_		LLA-21-SIB			
TITLE		DELETE	5.1 T			Change Addition	
NAME STREET ADDRESS	4860 NE 12th Avenue Pt. Lauderdale FL 33334		•	TREET ADDRESS			
CTTY-ST-ZIP				ITY-ST-ZIP			
TITLE	•	DELETE	6.1 T)	;	C	Change Addition	
NAME STREET ADDRESS				AME TREET ADDRESS			
CTTY-ST-ZIP				TY-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), Ploxida 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, Ploxida Statutes; and that my name appears in Black 12 or Block 13 or gratachment with an address.							
my name appears in SIGNATURE	Gerald & Solle	ichment with an address	Po	resident	10/20/03 9547	11 2210	
SIGNATURE	NATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICE	B OR DI		Date Daytime	Phone #	