SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $226 (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 # **K98105** **(5)**

1. Corporation Name
AIR SAFARIS, INC.

Principal Place of Business	Mailing Address
20710 1ST AVE.W. ~~3471 S. ROOSEVELT BLVD.~~ CUDJOE KEY FL 33042 US	20710 1ST AVE. W. ~~3471 S. ROOSEVELT BLVD.~~ CUDJOE KEY FL 33042 US

2. Principal Place of Business	2a. Mailing Address
21 20710 1ST AVE. W.	26 20710 1ST AVE W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CUDJOE KEY FL	City & State 28 CUDJOE KEY FL.
Zip 24 33042 Country 25 USA	Zip 29 33042 Country 30 US

3. Date Incorporated or Qualified: 06/26/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0134649 ☐ 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

RICHARDS, PAUL E
20710 1ST AVE. W.
~~3471 S. ROOSEVELT BLVD.~~
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

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] PAUL E. RICHARDS 8/5/96
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	PCD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, PAUL		12 NAME	
STREET ADDRESS	20710 1ST AVE. W.		13 STREET ADDRESS	
CITY-ST-ZIP	CUDJOE KEY FL		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, JAYNE		22 NAME	
STREET ADDRESS	1372 CANYON SIDE AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	SAN RAMON CA		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SKINNER, JOHN		32 NAME	
STREET ADDRESS	618 DOOLITTLE DR		33 STREET ADDRESS	
CITY-ST-ZIP	SAN LEANDRO CA		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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: [signature] 7/31/96 305-745-2745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #