


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED
Jul 29 1997 8:00am
Secretary of State**

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L43098 (7)
1. Corporation Name
ATLANTIC AIRWAYS, INC.



| | |
|--|---|
| Principal Place of Business 3015 CARRIER AVE. SUITE #415 SANFORD FL 32773 US | Mailing Address 1248 VISCAYA PKWY. 301 E LAS OLAS BLVD CAPE CORAL FL 33990 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---------------------------------|-------------------------------|----------------------------|-------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 106 W. Commercial St. | 27 Suite, Apt. #, etc. | 28 City & State | 30 Country |
| 22 202 | 27 | 28 Sanford, FL | 30 USA |
| 23 Sanford, FL | 27 | 28 | 30 |
| 24 32771 | 25 USA | 29 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/12/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2974274 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| HALICZER, JAMES S 101 NE 3RD AVENUE FT LAUDERDALE FL 33301 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-----------------------------|--------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | TRACEY, DAVID G | |
| STREET ADDRESS | 1248 VISCAYA PARKWAY | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | TRACEY, JOSEPH H | |
| STREET ADDRESS | 1248 VISCAYA PARKWAY | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | HALICZER, JAMES | |
| STREET ADDRESS | 101 N.E. 3RD AVENUE | |
| CITY-ST-ZIP | FT LAUDERDALE 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 | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 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 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 RECEIVED BY _____ 7/21/97 041-574-11910

CR2E034 (4/97)