

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P93000000420 (8)**

1. Corporation Name  
**PHOENIX AIR, INC.**



Principal Place of Business  
~~40450 CHANCEY RD~~  
~~ZEPHYRHILLS FL 33539~~  
~~US~~

Mailing Address  
~~P. O. BOX 1484~~  
**ZEPHYRHILLS FL 33539**  
US

3. Date Incorporated or Qualified **01/05/1993** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business  
21 **440 Airport Rd.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **440 Airport Rd**  
Suite, Apt. #, etc.

4. FEI Number **59-3169697** Applied For  
Not Applicable

22 City & State  
23 **Lake Wales, FL**

27 City & State  
28 **Lake Wales, FL**

24 Zip **33853** 25 Country **USA** 29 Zip **33853** 30 Country **USA**

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  
**KABELLER, GEORGE**  
**440 AIRPORT ROAD**  
**LAKE WALES FL 33853**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KABELLER, GEORGE</b>	1.2 NAME	<b>President / D</b>
STREET ADDRESS	<b>34824 DOWLING LAKE DR.</b>	1.3 STREET ADDRESS	<b>D.O. Box 1177 - 1 True Rd (911 Only)</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>	1.4 CITY - ST - ZIP	<b>FROSTPROOF, FL 33843</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KABELLER, BETTY</b>	2.2 NAME	<b>P.O. Box 1177 - 1 True Rd (911 Only)</b>
STREET ADDRESS	<b>34824 DOWLING LAKE RD</b>	2.3 STREET ADDRESS	<b>FROSTPROOF, FL 33843</b>
CITY - ST - ZIP	<b>DADE CITY FL</b>	2.4 CITY - ST - ZIP	<b>FROSTPROOF, FL 33843</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>900001808729</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>-05/06/96--01028--006</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>***200.00</b>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Kabeller 3/29/96 941-678-1003  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)

PM 5-1-96