

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90060 005 \*\*\*158.75

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P97000045947**  
 1. Corporation Name  
**AIRTRANS INTERNATIONAL AIR CARGO, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>12179 SOUTH APOPKA VINELAND RD.<br>SUITE 301<br>ORLANDO FL 32836 | Mailing Address<br>12179 SOUTH APOPKA VINELAND RD.<br>SUITE 301<br>ORLANDO FL 32836 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip Country<br>24 25                 | Zip Country<br>29 30      |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/22/1997</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>31-1429992</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**PROCTOR, SOL H  
 1015 BLACKSTONE BUILDING  
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>P KING, WESLEY L</b>          |
| STREET ADDRESS             | <b>1123 BATTLE RIDGE ROAD</b>    |
| CITY-ST-ZIP                | <b>INDEPENDENCE KEY KY 41051</b> |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I 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, with all other like empowered.

SIGNATURE: Wesley L King **SIGNATURE REQUIRED** 4-25-99 800-800-8926  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)