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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P97000085348

AIR TRANSPORT, INC.

FILED

99 MAR 25 AH 10: 38

SECREMENT OF STATE TALLAMASSEE, FLORIDA

Principal Place of Business	Mailing Address				
			XX		
				WRITE IN THIS SPACE	
			3. Date Incorporated or Qua		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	1 1/	Applied For
21 2025 Grant St	26		65-0811107		ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.		-	\$8.7		Additional
22	27		5. Certifcate of Status Desire	ari 1 ha	Required
City & State	City & State		6. Election Campaign Finance	2000 \$ 5.00	0 May Be
Hollywood, FL	28		Trust Fund Contribution	70.0.	и мау ве 1 to Fees
Zip Country	Zip	Country	8. This corporation owes the		
24 33020 25 Broward	29	30	Personal Property Tax	[] Yes	ΓΙΝο
24 3 3 0 2 0 25 Broward 9. Name and Address of Cui			10. Name and Address of N	ew Registered Agent	
		81 Name			
Law Offices of Barto	n S. Strock, P.A				
4030-C Sheridan Stre	et		ress (P.O. Box Number is Not Acc	reptable)	
Hollywoou, FL 33021		0.0	O Taft Street		
		Sui	te 420		
_		84 Cityu		[85] Zig	Gode
/)		lywood	FL 3	33024	
11. Pursuant to the provisions of Sections 607.0 office or registered acets, or both, in the St.	0502 and 607,1508, Florida Statute ate of Florida. Such change was au	is, the above-named corp ithorized by the corporati	poration submits this statement for ion's board of directors. I hereby a	the purpose of changing it	s registered
agent. I am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statutes			egiskijed
SIGNATURE / / ///			_	3/12/97	
Signature, typed or printed name of registered		Registered Agent signature region	eg willer eassnang:	V-VIII	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO		
TITLE President	[]] DELETE	1.1 TULE		[Change	[_] Addition
Matthew Marsen:	ison	1.2 NAME			
STREET ADDRESS 2025 Grant St.	- 0 0 11	1.3 STREET ADDRESS			
CITY-ST-ZP Hollywood, FL	33020	1.4 CITY+ST-ZIP			
TITLE	[] DELETE	2 1 TITLE	مدن ومسي ومدن ومحق وسنتي	[_ Change	[Addition
NAME		2 2 NAME	20000	/ಪ್ರಚಿತ ೩೮೮೭	
STREET ADORESS		2 3 STREET ADDRESS		/06/9901088	
CITY-ST-ZIP		2 4 CiTY+ST+ZiP	米 津3	k*150.00 ****	150.00
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NAME		3.2 NAME		2,3	
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	•	[Change	[Addition
	(Flequige	L'1 Magillou
NAME		4. 2 NAME			
STREET ADORESS		4.3 STREET ADDRESS			
CATY-ST-ZIP		4.4 CITY-ST-ZIP	• •		e
TITLE	() DELETE	51 TITLE		[] Change	[] Addition
NAME		5 2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY- \$T-2IP			
TITLE	[] DELETE	61 TITLE		[] Change	[] Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			ı
CITY 67 70		64 CITY-ST-ZIP			

14. Thereby 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 analysis report of 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 to Block 1

SIGNATURE:

Matthew Marsenison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

(954) 928-0084

Daytin e Phone t

:R2E034 (11)