

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (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

3. Date Incorporated or Qualified

06/26/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 20710 1ST AVE. W.

26 20710 1ST AVE W.

4. FEI Number

65-0134649

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 CUDJOE KEY FL

City & State

24 33042

Country  
USA

28 CUDJOE KEY FL

Zip

Country

29 33042

Country  
US

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

10. Name and Address of New Registered Agent

RICHARDS, PAUL E

20710 1ST AVE. W.

~~3471 S. ROOSEVELT BLVD.~~

CUDJOE KEY FL 33042

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

*Paul E. Richards*

PAUL E. RICHARDS

8/5/95

(Signature typed for person not registered agent and filed if applicable)

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME RICHARDS, PAUL  
STREET ADDRESS 20710 1ST AVE. W.  
CITY-ST-ZIP CUDJOE KEY FL

TITLE STD  
NAME RICHARDS, JAYNE  
STREET ADDRESS 1372 CANYON SIDE AVENUE  
CITY-ST-ZIP SAN RAMON CA

TITLE VD  
NAME SKINNER, JOHN  
STREET ADDRESS 618 DOOLITTLE DR  
CITY-ST-ZIP SAN LEANDRO CA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 included 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:

*Paul E. Richards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96 305-745-2745  
Daytime Phone

CR2E034 (3/96)