FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **163621** **(6)**

1. Corporation Name
AIR AGENCY INC

Principal Place of Business	Mailing Address
P O BOX 2094 MIA MIAMI INTERNATIONAL AIRPORT MIAMI FL 33139-5451	P O BOX 2094 MIA MIAMI INTERNATIONAL AIRPORT MIAMI FL 33139-5451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1950**
3a. Date of Last Report: **07/20/1994**

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

4. FEI Number: **59-0647602** ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAUCH, MAURICE W. II	1.2 NAME		
STREET ADDRESS	8240 NW 52ND TERR #200	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	TEETS J.W.	2.2 NAME		
STREET ADDRESS	DIAL CORPORATE CENTER	2.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AR	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, F. G.	3.2 NAME		
STREET ADDRESS	DIAL CORPORATE CENTER	3.3 STREET ADDRESS		
CITY-ST-ZIP	PHONIX AR	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	V	☒ Change ☒ Addition
NAME	RADEMAKER, CHRIS T.	4.2 NAME	Stauffer, Lloyd M. Jr.	
STREET ADDRESS	8240 NW 52ND TERR #200	4.3 STREET ADDRESS	8240 NW 52nd Terr. #200	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33166	
TITLE	VT	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, RONALD G.	5.2 NAME		
STREET ADDRESS	DIAL CORPORATE CENTER	5.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	PETTIT JR., DAVID R.	6.2 NAME		
STREET ADDRESS	8240 NW 52ND TERR #200	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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: Lloyd M. Stauffer Jr. **April 12, 1995** **305/599-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Lloyd M. Stauffer, Jr., Exec. VP-General Manager

000007 CP