

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

FILED

**May 12 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 283006 (5)

1. Corporation Name
PARADISE ISLAND AIRLINES, INC.



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| Principal Place of Business 1550 SW 43RD ST FT LAUDERDALE FL 33315 US | Mailing Address 1550 SW 43RD ST FT LAUDERDALE FL 33315-3546 US |
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| 3. Date Incorporated or Qualified 07/07/1964 | 3a. Date of Last Report 04/30/1996 |
| 4. FEI Number 59-1411105 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country |
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| 9. Name and Address of Current Registered Agent PELOQUIN, ROBERT D JR 1550 SW 43RD ST FT LAUDERDALE FL 33315 | 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 |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE CD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SULLIVAN, THOMAS F | | 1.2 NAME | |
| STREET ADDRESS 1550 SW 43RD ST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL | | 1.4 CITY-ST-ZIP | |
| TITLE VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME PRESBURG JOHN W. | | 2.2 NAME Byron Hobue | |
| STREET ADDRESS 1550 SW 43RD ST | | 2.3 STREET ADDRESS 1550 SW 43RD ST | |
| CITY-ST-ZIP FT LAUDERDALE FL | | 2.4 CITY-ST-ZIP FT LAUDERDALE FL 33315 | |
| TITLE PD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MANCUSO TIM | | 3.2 NAME | |
| STREET ADDRESS 1550 SW 43RD ST. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP FT. LAUD FL | | 3.4 CITY-ST-ZIP | |
| TITLE V | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WEBB, DEBBIE | | 4.2 NAME | |
| STREET ADDRESS 1550 SW 43RD ST | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARTNEY, KEVIN P | | 5.2 NAME | |
| STREET ADDRESS 1550 SW 43RD ST | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL | | 5.4 CITY-ST-ZIP | |
| TITLE VSD | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PELOQUIN, ROBERT D | | 6.2 NAME | |
| STREET ADDRESS 1550 SW 43RD ST | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL | | 6.4 CITY-ST-ZIP | |

14. I do 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, on an attachment with an address.

SIGNATURE:  **ROBERT D. PELOQUIN VSD** 4/28/97 954-359-8043 X3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)