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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:13

DOCUMENT # **596134** **(7)**

1. Corporation Name
AIRPORT SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 681490 MIAMI FL 33168 US	P.O. BOX 681490 MIAMI FL 33168 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1978
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21 MIAMI INT'L AIRPORT
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 P.O. BOX 560693
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33256
30 Country

4. FEI Number: 59-1892219 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSON, HARVEY
11550 N W 36 AVE
MIAMI, FL
33167

10. Name and Address of New Registered Agent

91 Name: BARBARA MANDELL
92 Street Address (P.O. Box Number is Not Acceptable): 11040 KILLIAN PARK ROAD
93
94 City: MIAMI FL 95 Zip Code: 33156

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	MANDELL, BARBARA	12 NAME	MANDELL, BARBARA	
STREET ADDRESS	11550 NW 36 AVE.	13 STREET ADDRESS	11040 KILLIAN PARK ROAD	
CITY-ST-ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL 33156	
TITLE	SD	21 TITLE	S/D	☒ Change ☐ Addition
NAME	JACOBSON, HARVEY	22 NAME	JACOBSON, CYNTHIA	
STREET ADDRESS	11550 NW 36 AVE.	23 STREET ADDRESS	9001 SW 124 STREET	
CITY-ST-ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL 33176	
TITLE		31 TITLE	V/D	☐ Change ☒ Addition
NAME		32 NAME	HARRISON, SUSAN	
STREET ADDRESS		33 STREET ADDRESS	4472 WOODFIELD BLVD.	
CITY-ST-ZIP		34 CITY ST ZIP	BOCA RATON, FL 33434	
TITLE		41 TITLE	T/D	☐ Change ☒ Addition
NAME		42 NAME	JACOBSON, DIANE	
STREET ADDRESS		43 STREET ADDRESS	4607 CLARKSDALE LANE	
CITY-ST-ZIP		44 CITY ST ZIP	BRANDON, FL 33511	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Barbara J Mandell
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
BARBARA MANDELL, PRESIDENT

APRIL 7, 1995 (305) 681-0471

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