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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 688252

(6)

1. Corporation Name  
POLAR CONDOR, INC.

Principal Place of Business

1500 SAN REMO AVENUE #245  
CORAL GABLES FL 33146-3054  
US

Mailing Address

1500 SAN REMO AVENUE #245  
CORAL GABLES FL 33146-3054  
US

3. Date Incorporated or Qualified  
09/18/1980

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Suite 237  
23 City & State

24 Zip 33146-3047  
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite 237  
28 City & State

29 Zip 33146-3047  
30 Country

4. FEI Number  
59-2031879

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

HUGHEY, BONNIE J.  
1500 SAN REMO AVENUE  
SUITE 239  
CORAL GABLES FL 33146-3047

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME YOUNG, DAVID F  
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 245  
CITY-ST-ZIP CORAL GABLES FL 54

TITLE D  
NAME YOUNG, DAVID F  
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 245  
CITY-ST-ZIP CORAL GABLES FL 54

TITLE VAS  
NAME HUGHEY, BONNIE J.  
STREET ADDRESS 1500 SAN REMO AVE #239  
CITY-ST-ZIP CORAL GABLES FL 47

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T  
1.2 NAME Young, David F.  
1.3 STREET ADDRESS 1500 San Remo Ave., Suite 245  
1.4 CITY-ST-ZIP Coral Gables, FL 33146-3054

2.1 TITLE D  
2.2 NAME Young, David F.  
2.3 STREET ADDRESS 1500 San Remo Ave., Suite 245  
2.4 CITY-ST-ZIP Coral Gables, FL 33146-3054

3.1 TITLE V/AS  
3.2 NAME Hughey, Bonnie J.  
3.3 STREET ADDRESS 1500 San Remo Ave., Suite 239  
3.4 CITY-ST-ZIP Coral Gables, FL 33146-3047

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

(305) 662-9324

Date

Daytime Phone

CR2E034 (9/96)