

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F05948 (7)

1. Corporation Name
FLYER HOLDING CORP.



Principal Place of Business

201 KELSEY LN
P O BOX 5059
TAMPA FL 33675-2059

Mailing Address

201 KELSEY LN
P O BOX 5059
TAMPA FL 33675-2059

3. Date Incorporated or Qualified 11/18/1980

3a. Date of Last Report 04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 201 KELSEY LANE

26 201 KELSEY LANE

22 Suite, Apt. #, etc.
P.O. Box 5059

27 Suite, Apt. #, etc.
P.O. Box 5059

23 City & State
TAMPA, FL

28 City & State
TAMPA, FL

24 Zip
33675-5059

29 Zip
33675-5059

4. FEI Number
59-2948721

Applied For
Not Applicable

5. Certificate of Status Desired X

\$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

10. Name and Address of New Registered Agent

LEGAL ASSETS
1110 BRICKELL AVENUE
PENTHOUSE
MIAMI FL 33131

81 Name
LEGAL ASSETS

82 Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVE

83 Suite
SUITE 700

84 City
MIAMI

FL 85 Zip Code
33131

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 is 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 607.0502, Florida Statutes.

SIGNATURE LEGAL ASSETS, INC.

By: *Sandy Staker*

4/17/96

Signature typed or printed name of registered agent and title of agent, if not a shareholder or officer of the corporation.

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME MANDT, RICHARD D
STREET ADDRESS 116 ADALIA AVENUE
CITY-ST-ZIP TAMPA FL 33606
VP

TITLE
NAME MANDT, JUDITH
STREET ADDRESS 116 ADALIA AVENUE
CITY-ST-ZIP TAMPA FL 33606
D

TITLE
NAME MANDT, JOSEPH D
STREET ADDRESS 519 N GADSDEN ST
CITY-ST-ZIP TALLAHASSEE FL
DVAS

TITLE
NAME MANDT, A. J.
STREET ADDRESS 116 ADALIA AVE
CITY-ST-ZIP TAMPA FL 33606

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-STATE-ZIP

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

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

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

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Add on

☒ Change ☐ Add on

☒ Change ☐ Add on

☒ Change ☐ Add on

☐ Change ☐ Add on

☐ Change ☐ Add on

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 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: *Richard D. Mandt* Richard D. Mandt April 15, 1996 813-626-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)