

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 # F93000001865 (5)

1. Corporation Name

AIRCORP III, INC.



Principal Place of Business

5955 T.G. LEE BLVD., SUITE 300
ORLANDO FL 32827

Mailing Address

5955 T.G. LEE BLVD., SUITE 300
ORLANDO FL 32827

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/11/1995

4. FEI Number

59-3172541

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

2. Principal Place of Business

21 9025 BOBBY CREEK RD

Suite, Apt. #, etc

22 UNIT 9

City & State

23 ORLANDO FL

Zip

32824

Country

2a. Mailing Address

26 9025 BOBBY CREEK RD

Suite, Apt. #, etc

27 UNIT 9

City & State

28 ORLANDO FL

Zip

32824

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature type or printed name of registered agent and his/her successor

Signature type or printed name of registered agent and his/her successor

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTCD
THORNTON, W. JEPHTA
5955 T.G. LEE BLVD., SUITE 300
ORLANDO FL 32827

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
GILES, RICHARD C
C/O 152 WEST 57TH STREET, 35TH FLOOR
NEW YORK NY 10019

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
OLSDAL, BO
C/O 23/25 MADDOX STREET, 4TH FLOOR
LONDON, W1R9L3, ENGLAND

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WIKERT, JAMES R
C/O 3890 WEST NORTHWEST HWY., STE. 700
DALLAS TX 75220

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 407886 1036

CR2E034 (12/95)