

CORPORATION ANNUAL REPORT 19				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F9300000 4333 1. Corporation Name VALJET AIRLINES, INC 9955 AIRTRAN BLVD. Orlando, Florida 32827				FILED 98 JUN 29 PM 2:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Same					
2. Principal Place of Business 21 Sute, Apt. #, etc. 22 City & State 23 Zip 24				3. Date Incorporated or Qualified 9-24-93	
2a. Mailing Address 25 Sute, Apt. #, etc. 26 City & State 27 Zip 28				3a. Date of Last Report 4-23-97	
2. Principal Place of Business 21 Sute, Apt. #, etc. 22 City & State 23 Zip 24				4. FEI Number 88-0290707	
2a. Mailing Address 25 Sute, Apt. #, etc. 26 City & State 27 Zip 28				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Sute, Apt. #, etc. 22 City & State 23 Zip 24				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2a. Mailing Address 25 Sute, Apt. #, etc. 26 City & State 27 Zip 28				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent CT 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	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.				12. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
SIGNATURE <i>Connie Boyer</i> <i>Connie Boyer</i> <i>Signed As Secretary</i> <i>6-29-98</i> Signature, typed or printed name of registered agent and fee if applicable				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP				2.1 TITLE <i>Sr</i> 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP				3.1 TITLE <i>Sr</i> 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP				4.1 TITLE <i>Sr</i> 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP				5.1 TITLE <i>Sr</i> 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP				6.1 TITLE <i>Sr</i> 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(4), 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, as changed, or on an attachment with an address.				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)(4), 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, as changed, or on an attachment with an address.	
SIGNATURE: <i>Leslie C. Head</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				6/26/98 407-251-558	