

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 # F93000004407 (3)

1. Corporation Name

LINK AMERICA AIRLINES, INC.



Principal Place of Business

P.O. BOX 66219
CHICAGO IL 60666

Mailing Address

P.O. BOX 66219
CHICAGO IL 60666

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3818503

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

2a. Mailing Address

21 P.O. Box 66219

26 P.O. Box 66219

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Chicago, IL

28 Chicago, IL

24 60666 25 USA

29 60666 30 USA

9. Name and Address of Current Registered Agent

PETER, MATTHIESSEN P
6445 NW 25TH ST., BLDG. 2121
MIAMI INTERNATIONAL AIRPORT
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name Peter Matthiessen
82 Street Address (P.O. Box Number is Not Acceptable)
3100 NW 72nd St., Bay #111
83
84 City Miami FL 85 Zip Code 33122

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

P. A. Matthiessen

(NOTE: Registered Agent's signature required when reinstating)

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MATTHIESSEN, PETER
STREET ADDRESS 801 CHASE AVE., UNIT H
CITY-ST-ZIP ELK GROVE IL 60007

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 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:

P. A. Matthiessen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (847) 593-2100

Date

Daytime Phone #

CR2E034 (12/95)