

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **F93000005247 (2)**

1. Corporation Name

AIR TIME AIR CARGO SPECIALISTS INC.



Principal Place of Business: **5670 SOUTH SEMORAN BLVD. ORLANDO FL 32822 US**
 Mailing Address: **5670 SOUTH SEMORAN BLVD. ORLANDO FL 32822 US**

3. Date Incorporated or Qualified: **11/18/1993**
 3a. Date of Last Report: **06/27/1995**
 4. FEI Number: **01-0481757**
 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. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country
 30. Country

9. Name and Address of Current Registered Agent
**BOND, MARK R
 5836 SOUTH SEMORAN BLVD
 ORLANDO FL 32822**

10. Name and Address of New Registered Agent
 81. Name: **BOND, MARK R**
 82. Street Address (P.O. Box Number is Not Acceptable): **5760 SOUTH SEMORAN BLVD**
 83.
 84. City: **ORLANDO** FL 85. Zip Code: **32822**

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELISLE, MARC D.	
STREET ADDRESS	5836 SOUTH SEMORAN BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDONALD, ARNIE	
STREET ADDRESS	193 MIDDLE STREET	
CITY-ST-ZIP	PORTLAND ME	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DELISLE, MARC D	
13 STREET ADDRESS	5760 SOUTH SEMORAN BLVD	
14 CITY-ST-ZIP	ORLANDO, FL 32822	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BOND, MARK R.	
33 STREET ADDRESS	5760 SOUTH SEMORAN BLVD	
34 CITY-ST-ZIP	ORLANDO, FL 32822	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: MARK R. BOND **MARK R. BOND** 06/07/96 (407) 384-7779
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)