

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

Mailing Address

5670 SOUTH SEMORAN BLVD
ORLANDO FL 32822
US

5670 SOUTH SEMORAN BLVD.
ORLANDO FL 32822
US

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

01-0481757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BOND, MARK R
5836 SOUTH SEMORAN BLVD
ORLANDO FL 32822

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

Signature, typed or printed name of registered agent, and title if applicable.

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

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME DELISLE, MARC D.
STREET ADDRESS 5836 SOUTH SEMORAN BLVD.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

11 TITLE VP
12 NAME DELISLE, MARC D.
13 STREET ADDRESS 5760 SOUTH SEMORAN BLVD
14 CITY-ST-ZIP ORLANDO, FL 32822

☒ Change ☐ Addition

TITLE S
NAME MCDONALD, ARNIE
STREET ADDRESS 193 MIDDLE STREET
CITY-ST-ZIP PORTLAND ME

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE P
32 NAME BOND, MARK R.
33 STREET ADDRESS 5760 SOUTH SEMORAN BLVD
34 CITY-ST-ZIP ORLANDO, FL 32822

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, 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

MARK R. BOND

06/07/96 (407) 384-7779

Date

Daytime Phone #

CR2E034 (3/96)