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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5780 SOUTH SEMORAN BLVD.
ORLANDO FL 32822
US

Mailing Address

5780 SOUTH SEMORAN BLVD.
ORLANDO FL 32822-4818
US



2. Principal Place of Business

21 5901 ANNO AVENUE

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL

Zip

24 32809

Country

25 US

2a. Mailing Address

26 P.O. Box 590005

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL

Zip

29 32809-0005

Country

30 US

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

06/12/1996

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

9. Name and Address of Current Registered Agent

BOND, MARK R
5780 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)

5901 ANNO AVENUE

83

84

City

ORLANDO

FL

85 Zip Code

32809

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME DELISLE, MARC D
STREET ADDRESS 5780 SOUTH SEMORAN BLVD.
CITY-ST-ZIP ORLANDO FL 32822

TITLE S ☐ DELETE

NAME MCDONALD, ARNIE
STREET ADDRESS 183 MIDDLE STREET
CITY-ST-ZIP PORTLAND ME

TITLE P ☐ DELETE

NAME BOND, MARK R
STREET ADDRESS 5780 SOUTH SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME DELISLE, MARC D
1.3 STREET ADDRESS 5901 ANNO AVENUE
1.4 CITY-ST-ZIP ORLANDO, FL 32809

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME BOND, MARK R.
3.3 STREET ADDRESS 5901 ANNO AVENUE
3.4 CITY-ST-ZIP ORLANDO, FL 32809

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MARK R. BOND

01/08/97

(407) 816-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)