

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Muthem  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:38**

**DOCUMENT # F93000005513 (7)**

1. Corporation Name  
**AIRCORP II, INC.**

Principal Place of Business  
**3890 W. NORTHWEST HWY.  
SUITE 700  
DALLAS TX 75220**

Mailing Address  
**5955 T. G. LEE BOULEVARD  
SUITE 300  
ORLANDO FL 32822  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1993** 3a. Date of Last Report **07/05/1994**

4. FEI Number **75-2454102** 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

21. Principal Place of Business		25. Mailing Address	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.
22. City & State		26. City & State	
22	City & State	26	City & State
23	Zip	27	Country
24	Country	29	Zip
25	Country	30	Country

**9. Name and Address of Current Registered Agent**

**THORNTON, W. JEPHTA  
5955 T.G. LEE BLVD.  
SUITE 200  
ORLANDO FL 32822**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, W. JEPHTA	1.2 NAME	
STREET ADDRESS	5955 T.G. LEE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32822	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKERT, JAMES R	2.2 NAME	
STREET ADDRESS	3890 W. NORTHWEST HWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75220	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, JOHN R	3.2 NAME	
STREET ADDRESS	3890 W. NORTHWEST HWY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75220	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *[Signature]* **W. JEPHTA THORNTON** 4/6/95 407 856 1036