

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001082 (6)**

1. Corporation Name

AIR SEA RESCUE TRAINING, INC.



Principal Place of Business

**CDR. JOSE R. CASTRO
12730 N.W. 10 TERRACE
MIAMI FL 33182**

Mailing Address

**CAPT. NICHOLAS MITCHELL
BAY STATION 350221
BROOKLYN NY 11235-0221**

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
11-2257105

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

10. Name and Address of New Registered Agent

**CASTRO, JOSE R COMMAND
12730 N.W. 10 TERRACE
MIAMI FL 33182**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPD** ☐ DELETE
NAME **MITCHELL, NICHOLAS RADM**
STREET ADDRESS **BAY STATION 350221 SHEEPSHEAD BAY**
CITY-ST-ZIP **BROOKLYN NY 11235-0221**

1.1 TITLE

☐ Change ☐ Addition

TITLE **CV** ☐ DELETE
NAME **CASTRO, JOSE R**
STREET ADDRESS **12730 N.W. 10 TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**

1.2 NAME

☐ Change ☐ Addition

TITLE **CSD** ☐ DELETE
NAME **BERLINER, SUSAN**
STREET ADDRESS **153-11 73RD AVENUE APT 3-H**
CITY-ST-ZIP **KEW GARDENS NY 11369**

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE **CTD** ☐ DELETE
NAME **MITCHELL, JANET**
STREET ADDRESS **STAR RT. 1**
CITY-ST-ZIP **MARGARETVILLE NY 12455**

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **CASR** ☐ DELETE
NAME **CRISCI, FRED**
STREET ADDRESS **1618 EAST 14TH STREET**
CITY-ST-ZIP **BROOKLYN NY 11229**

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 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: **Capt. Nicholas Mitchell-President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nicholas Mitchell 2/9/96-718-648-8728

CR2E037 (12/95)