

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000004260 (5)**

1. Corporation Name

DOLPHIN ATLANTIC AIRLINES, INC.



Principal Place of Business

**1100 LEE WAGENER BLVD.
STE 114
FT. LAUDERDALE FL 33315
US**

Mailing Address

**1100 LEE WAGENER BLVD.
STE 114
FT. LAUDERDALE FL 33315
US**

3. Date Incorporated or Qualified
08/17/1994

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0495934

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

**BRODY, JOHN
1909 TYLER ST.
HOLLYWOOD FL 33020**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **NEWELL, MARK**
STREET ADDRESS **431 NW 189TH TERR**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VTD** ☐ DELETE

NAME **BITZER, KALYAN E**
STREET ADDRESS **4869 N.W. 97TH CT.**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** ☐ DELETE

NAME **LONDON, JOHN JR**
STREET ADDRESS **8335 S.W. 42ND CT.**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☒ DELETE

NAME **GRABOWSKI, ARMIN**
STREET ADDRESS **1100 LEE WAGENER RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

**BITZER, KALYAN, E. #203
20185 E. COUNTRY CLUB DRIVE
AVENTURA, FL 33180**

**P/D
LONDON, JOHN JR**

**D
TOM COLA
12759 N.W. 15TH STREET
SUNRISE, FL 33323**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KALYAN BITZER Vice President 04/17/96 (954) 359 8010

CR2E034 (12/95)