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 # **F95000000654 (2)**

1. Corporation Name

APPLETREE AIR, INC.

Principal Place of Business	Mailing Address
2255 GLADES ROAD. SUITE 200 E. BOCA RATON FL 33431	2255 GLADES ROAD. SUITE 200 E. BOCA RATON FL 33431

3. Date Incorporated or Qualified: **02/08/1995**
3a. Date of Last Report:
4. FEI Number: **65-0540608** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

KRAVITZ, ADAM
2255 GLADES RD., #200 E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name, of registered agent and title, if applicable. (F.S. Registered Agent Signature is required when mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	P/CEO/C	☒ Change ☐ Addition
NAME	KRAVITZ, PAUL		1.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE	STVD	☐ DELETE	2.1 TITLE	S/T/V/CFO/D	☒ Change ☐ Addition
NAME	DIMACCHIA, JUSTIN		2.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP		
TITLE	VTVD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARASH, THEODORE		3.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4 CITY-ST-ZIP		
TITLE	VTVD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIES, EDWARD O		4.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOONE, JOHN T		5.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DONLEVY, JOHN		6.2 NAME		
STREET ADDRESS	2255 GLADES RD., #200 E		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		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)(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 if changed, or on an attachment with an address.

SIGNATURE: Justin H. DeVeney Exec V.P.-CFO 4/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)