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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

1996

DIVISION OF CORPORATIONS F95000003782 (8)

**DOCUMENT #** 

ATLANTIC WORLD AIRWAYS, INC.

Principal Place of Business

Mailing Address

3905 AFRO PLACE HARGAR S

FILED 96 AUG -5 AN 10:07

SECRETARY OF STATE

LAKELAND FL 33811		3905 AERO PLACE. HABGAR S LAKELAND FL 33811					
						3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last Report
21 <b>390</b> 5	ace of Business AREO RINE, HANGAR S	2a. Mailing / 26 3905	AERO	Pince H	hvere S	4. FEI Number 59-2635301	Applied For Not Applicable
Suite, Apt. 6		27	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  Zip	Country	City & Si 28	tate	T	·	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24	25 9. Name and Address of Current	Zip 29 Registered An	ent	Country 30		This corporation has liability for Florida Statutes Yes	No
BLANTO	ON, MARK			81	Name	10. Name and Address of New R	
905 AE LAKELA	RO PLACE, HANGAR S ND FL 33811			82 83	Street Addre	ss (P.O. Box Number is Not Acceptat	ele)
•				84	City		<b>— 85</b> Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florid h, and accept the obligations of, Sectio	and 607,1508, Fi	lorida Statute was authorize	s, the above i d by the corp	named corporationation's board	tion submits this statement for the pur of directors. Thereby accept the appe	pose of changing its registered office bintment as registered agent. I an
SIGNATURE	Synature Typestor printed issuine of registered age of a	-1 100 100 500, 1 KA	nda Statutes		Caughal inv required s		
12.	OFFICERS AND			13.	a post ser une confine cont a	ADDITIONS/CHANGES TO OFF	CATE INCOME OF THE COME IN THE
TITLE	PSTD		DELETE	1 1 1 1 1 1		7,007,001,000,001	Change Addition
NAME	BLANTON, MARK A			1.2 NAMé			E change E Addition
STREET ADDRESS	16734 WHIRLEY ROAD			1.3 STR££ I	Annesss	1 00	001915131
CITY - ST - ZiP	LUTZ FL			1 4 CITY - 5		-08/07	/9601043002
TITLE			DELETE	2 1 117.8	1 - LIF		25.00   ******2 <b>25</b> ** <b>10</b> 45
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STHEET ADDRESS				2 3 STREE*	ADORESS		
CITY - ST - ZIP				24 CITY S		1 C(C)	001915131
TITUE			DELETE	3 1 TITLE		-08/07.	796- <b>-010430</b> 07 <b>3</b> 0000 *8.75 ******8.75
NAME				3.2 NAME		****	*8.75 <b>***</b> ***8.75
STREET ADDRESS				3 3 STHEET	ADDRESS		
CITY-S1-7P				3 4 CiTY - S	1 - ZIF		
TITLE			DELETE	4 1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				43 STARET	ADDRESS		
CITY-S1-ZIP				4.4 CITY - S	1 - ZIP	$\alpha$	
TITLE			DELETE	5 TITLE		(1))	Change Addition
NAME				5.2 NAME	ĺ	(ADVVV)	
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY - ST - ZIP				5.4 CITY - S	1 - ZIP	A/15	
TITLE			DÉLETE	6 1 TITLE		(1)	Change Addition
NAME				6.2 NAME		0.	
STREET ADDRESS				6.3 STREET	ADDRESS		İ
CITY - ST - ZIP				6 4 CITY - S	1 - ZIF		
14 Ldo bereby	certify that the information curviled unt	B. the Albania and	1	-			

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 a textiress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96 941-648-5769

CR2E034 (12/95)