## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600000478 (5)

AIR TRAFFIC CORP.

			]
Principal Place of Business	Mailing Address		L TRAVIDO HYDE DOLIN BONIO BONIO BONIO BONIO BONIO BONIO BONIO BONIO NOME INCIDENTALE
3630 RUM ROW NAPLES FL 33940	3630 RUM ROW NAPLES FL 34102-7846		
			3. Date incorporated or Qualified 3a. Date of Last Report 01/29/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 745 12th Ave. South	26 745 12th Ave	. South	38-1981268 Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22 Suite E	27 Suite E		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 Naples, FL	28 Naples, FL		Trust Fund Contribution Added to Fees
Zip Country 24 34102 25 USA		Country O USA	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			
C T CORPORATION SYSTEM  S1 Name  James H. Kabcenell			
1200 SOUTH PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			745 12th Ave. South Suite E
		83	
		84 City	85 Zip Code
			Naples <b>FL</b>    34102
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 familia, with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE A. H. Kahcenell, Vice President 2/4/07			
Signature [rised or princed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE			
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ALLEN BALES II	L DELETE	1.1 TITLE	PD X Change Addition
AAAA RUUL BAUL		1.2 NAME	Clark, David M
NADI FO FI		1.3 STREET ADDRESS	745 12th Ave. South Suite E
TARE .	- or cre	1.4 CITY-ST-ZIP	Naples, FL 34102
ADALM OLIADICO A	<b>₩</b> DELETE	2.1 TITLE	Change Addition
DOOD BODALEY BARLASA BOAR		2 2 NAME	
LITTLE DOOK AD		2.3 STREET ADDRESS	
TITLE AS	DELETE	2.4 CITY-ST-ZIP	I I I I I I I I I I I I I I I I I I I
NAME KABCENELL, JAMES H	L. DELCIC	3.1 TITLE	VTS Change Addition
AAAA FIRRY ALATIAALAL RUN RIILI	<b>1</b>	3.2 NAME	Kabcenell, James H
DETDOIT III	я	3.3 STREET ADDRESS	745 12th Ave. South Suite E
CITY-ST-ZIP DETROIT MI	DELETE	3.4. CITY-ST-ZIP	Naples, FL 34102
NAME MIKESELL, A D	it perest		Change Li Addition
STREET ADDRESS 2290 FIRDT NATIONAL BUILDING	4	4. 2 NAME	
CITY-ST-ZIP DETROIT MI	•	4.3 STREET ADDRESS	
THE	DELETE	4.4 CITY-SY-ZIP 5.1 TIYLE	Change X Addition
NAME	WHIPE 1 M	5.2 NAME	Clark, Robert
STREET ADDRESS		5.3 STREET ADDRESS	1085 Forrest Cliffs
CITY - ST - ZIP		5.4 CITY-ST-ZIP	Lakewood, OH 44107
TITLE	DELETE	6.1 TITLE	Lakewood, On 44107  Change Addition
NAME		6.2 NAME	Li Onango Lii Rubilloli
STREEL ADDRESS		63 STREET ADDRESS	
0fty et 20		SUBTRICT REPORTS	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OF SEES OF DIRECTOR

2/4/97

941 649-6800

Davime Phone #

**FILED** 

Feb 18 1997 8:00am

Secretary of State