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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000499 (1)

1. Corporation Name

AIR TRANSPORT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3630 RUM ROW
NAPLES FL 33940

3630 RUM ROW
NAPLES FL 34102-7846



3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 745 12th Ave. South

26 745 12th Ave. South

4. FEI Number

71-0764654

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E

27 Suite E

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Naples, FL

28 Naples, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 34102

25 USA

Zip

Country

29 34102

30 USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

James H. Kabcenell

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

745 12th Ave. South

83

Suite E

84 City

Naples

FL

85 Zip Code

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 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)

James H. Kabcenell

(NOTE: Registered Agent signature required when reinstating)

2/4/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CLARK, DAVID M
STREET ADDRESS 3630 RUM ROW
CITY-ST-ZIP NAPLES FL 33940

1.1 TITLE PD
1.2 NAME CLARK, DAVID M
1.3 STREET ADDRESS 745 12th AVE SOUTH SUITE E
1.4 CITY-ST-ZIP NAPLES FL 34102

TITLE DVT
NAME ADAMI, CHARLES A
STREET ADDRESS 3800 RODNEY PARHAM ROAD
CITY-ST-ZIP LITTLE ROCK AR 72212

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS
NAME KABCENELL, JAMES H
STREET ADDRESS 2290 FIRST NATIONAL BUILDING
CITY-ST-ZIP DETROIT MI 48226

3.1 TITLE VTS
3.2 NAME KABCENELL, JAMES H
3.3 STREET ADDRESS 745 12th AVE SOUTH SUITE E
3.4 CITY-ST-ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Kabcenell

2/4/97

941-649-6800

Date

Daytime Phone #

CR2E034 (9/96)