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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F96000005322 (0)

1. Corporation Name
SKY TREK INTERNATIONAL AIRLINES, INC.

Principal Place of Business	Mailing Address
RICHMOND INTERNATIONAL AIRPORT MAIN TERMINAL BOX A-91 RICHMOND VA 23231	RICHMOND INTERNATIONAL AIRPORT MAIN TERMINAL BOX A-91 RICHMOND VA 23231

3. Date Incorporated or Qualified: 10/14/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5707 Huntsman Rd.
Suite, Apt. #, etc.
22 Suite 101
City & State
23 Richmond Int'l Airport, VA
Zip 24 23250 Country 25 USA

2a. Mailing Address
26 5707 Huntsman Rd.
Suite, Apt. #, etc.
27 Suite 101
City & State
28 Richmond Int'l Airport, VA
Zip 29 23250 Country 30 USA

4. FEI Number: 54-1788661 ☐ 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

LEE, RANDALL J
JET LIFT INTERNATIONAL, ORLANDO-SANFORD
2735 S. MELLONVILLE AVE. SUITE 219
SANFORD FL 32773

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	IVERSON, ROBERT W II		1.2 NAME	
STREET ADDRESS	783 VALLEY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER MONTCLAIR NJ 07043		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HENDON, B W JR		2.2 NAME	
STREET ADDRESS	48 EGGERT AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	METUCHEN NJ 08840		2.4 CITY-ST-ZIP	
TITLE	STVC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, HUGH D		3.2 NAME	
STREET ADDRESS	6102 ST. ANDREWS LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23226		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TIEDEMAN, WILLIAM		4.2 NAME	
STREET ADDRESS	121 SHERMAN RIDGE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUSSEX NJ 07461		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] B. Wayne Hendon Jr VP-Finance 5/1/97 (804)236-4000