

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90060 003 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001328**

1. Corporation Name  
**CARDINAL AIRLINES, INC.**



Principal Place of Business	Mailing Address
2194 N. HWY A1A INDIAN HARBOUR BEACH FL 32937	2194 N. HWY A1A INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>1380 SARNO Rd.</b>	26 <b>1380 SARNO Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>B</b>	27 <b>B</b>
City & State	City & State
23 <b>Melbourne FL</b>	28 <b>Melbourne FL</b>
Zip Country	Zip Country
24 <b>32935 USA</b>	29 <b>32935 USA</b>
25	30

3. Date Incorporated or Qualified	Applied For
<b>03/09/1998</b>	
4. FEI Number	Applied For
<b>59-3492127</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MASON, H. LAWRENCE**  
 2194 N. HWY A1A  
 INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name	<b>MASON, H. LAWRENCE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1380 SARNO Rd</b>
83	<b># B</b>
84 City	<b>Melbourne FL</b>
85 Zip Code	<b>32935</b>

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 *H. Lawrence Mason* **H. LAWRENCE MASON** secretary **2/20/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CP</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, LAWRENCE A</b>	
STREET ADDRESS	<b>2194 N. HWY A1A</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, H. LAWRENCE</b>	
STREET ADDRESS	<b>2194 N. HWY A1A</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WATSON, LAWRENCE A.</b>	
1.3 STREET ADDRESS	<b>1380 SARNO RD # B</b>	
1.4 CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
2.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>H. LAWRENCE MASON</b>	
2.3 STREET ADDRESS	<b>1380 SARNO RD # B</b>	
2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	
3.1 TITLE	<b>D V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PARIS, VINCENT T.</b>	
3.3 STREET ADDRESS	<b>1380 SARNO RD # B</b>	
3.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	
4.1 TITLE	<b>D V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WALKER, THEODORE A.</b>	
4.3 STREET ADDRESS	<b>1380 SARNO RD. # B</b>	
4.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32935</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *H. Lawrence Mason* **H. LAWRENCE MASON** **2/20/99** **407-757-7388**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)