

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H05696** (0)

1. Corporation Name

**AIRLINE SUPPORT, INC.**



Principal Place of Business

**9408 BOYCE AVENUE  
ORLANDO FL 32824  
US**

Mailing Address

**P. O. BOX 620635  
ORLANDO FL 32862  
US**

3. Date Incorporated or Qualified

**05/30/1984**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**59-2425289**

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

10. Name and Address of New Registered Agent

**LATUSCHA, LINDA  
3385 LAKE HARNEY CIRCLE  
GENEVA FL 32732**

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, I hereby certify that I am an officer 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 firm if applicable

I, the undersigned, being a duly authorized officer or registered agent of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by this form.

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BOND, JOHN W. JR.**  
STREET ADDRESS **3385 LAKE HARNEY CIR**  
CITY- ST- ZIP **GENEVA FL**

TITLE **CST** ☐ DELETE  
NAME **LATUSCHA, LINDA A.**  
STREET ADDRESS **3385 LAKE HARNEY CIR**  
CITY- ST- ZIP **GENEVA FL**

TITLE **D** ☐ DELETE  
NAME **BOND, MARY JOSEPHINE**  
STREET ADDRESS **1643 CREST RD**  
CITY- ST- ZIP **CLEVELAND HGTS OH**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2. TITLE **Director/CEO, SEC. TREAS. (CSTD)** ☐ Change ☒ Addition  
2. NAME **Latuscha, Linda A.**  
2. STREET ADDRESS **3385 Lake harney Cir.**  
2. CITY- ST- ZIP **Geneva, FL 32732**

3. TITLE ☐ Change ☐ Addition  
3. NAME  
3. STREET ADDRESS  
3. CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition  
4. NAME  
4. STREET ADDRESS  
4. CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition  
5. NAME  
5. STREET ADDRESS  
5. CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition  
6. NAME  
6. STREET ADDRESS  
6. CITY- ST- ZIP

14. 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 supplementary 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

4/22/94 407-851-6313  
Date Daytona Phone #

CR2E034 (12/95)