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

May 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # H31966 (5)SEBRING AIR CHARTER, INC. Principal Place of Business Mailing Address 4510 NW 43RD TERRACE 4510 NW 43RD TERRACE TAMARAC FL 33319 TAMARAC FL 33319-3878 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996 11/29/1984 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 59-2551949 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JONES, H. EDWARD 3230 W. COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **#150** 83 FT. LAUDERDALE FL 33309 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (9/96) 13. DELETE Change Addition TITLE 1.1 100 8 NAME STEWART, GARY D. 1.2 NAME P.O. BOX 371 N/A STREET ADDRESS 1.3 STREET ADDRESS SAN JOSE, COSTA RICA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE PDS Change 21 TITLE NUNEZ, ELIZABETH NAME 2.2 NAME 4512 NW 43RD TERRACE STREET ADDRESS 2.3 \$1REF1 ADDRESS TAMARAC FL CITY - ST - ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE MURRAY, CECIL A. NAME 3.2 NAME 4512 NW 43RD TERRACE STREET ADDRESS 3.3 STREET ADDRESS TAMARAC FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DECETÉ Change Addition TITLE 4.1 HTLE NAME 4. 2 NAME STREET ADORESS 4.3 STHEFT ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - \$1 - ZIP DELETE Change Addition TITLE 611IHF

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 eath; 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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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