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Mar 10 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 # H74739

1. Corporation Name
FLORIDA AIR CENTER, INC.

(4) 165.00
+ 8.75 (5)
3/4/97 1613.75
CHECK # 2358



Principal Place of Business

4010 FOURTH AVE.
KISSIMMEE FL 34741

Mailing Address

4010 FOURTH AVE.
KISSIMMEE FL 34741-4508

3. Date Incorporated or Qualified
09/06/1985

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2298954

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

PERRY, ALLISON
9110 OGILVIE DRIVE
ORLANDO FL 32819

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

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 PTD
NAME PERRY, ALLISON S., JR.
STREET ADDRESS 9110 OGILVIE DR.
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D
1.2 NAME PERRY, ALLISON S., JR.
1.3 STREET ADDRESS 9110 OGILVIE DR.
1.4 CITY-ST-ZIP ORLANDO, FL. 32819
☒ Change ☒ Addition

2.1 TITLE C/P/D
2.2 NAME DEBEVOISE, CHARLES
2.3 STREET ADDRESS 5015 GARDEN GATE LANE
2.4 CITY-ST-ZIP ORLANDO, FL. 32819
☐ Change ☒ Addition

3.1 TITLE V/D
3.2 NAME VASSAR, TOM
3.3 STREET ADDRESS 3320 CHAROW LANE
3.4 CITY-ST-ZIP ORL, FL. 32806
☐ Change ☒ Addition

4.1 TITLE V/D
4.2 NAME COOPER, RAY PERRY
4.3 STREET ADDRESS 163 DEVONWOOD WAY
4.4 CITY-ST-ZIP VERO BEACH, FL. 32963
☐ Change ☒ Addition

5.1 TITLE A/S/D
5.2 NAME PERRY, CORDELIA FORBES
5.3 STREET ADDRESS 9110 OGILVIE DR.
5.4 CITY-ST-ZIP ORL., FL. 32819
☒ Change ☒ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S/D Allison S. Perry, Jr. 846-4450
MAR. 4, 1997 (1407) 351-2688

CR2E034 (9/96)