FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46486** **(2)**

1. Corporation Name
S.C. AIR, INC.

Principal Place of Business	Mailing Address
C/O BLEASE, LLOYD & CO/ 1500 SAN REMO AVE. #239 CORAL GABLES FL 33146-3047 US	C/O BLEASE, LLOYD & CO/ 1500 SAN REMO AVE. #239 CORAL GABLES FL 33146-3047 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/21/1988**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **65-0085661** ☐ 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

HUGHEY, BONNIE J C/O B L
1500 SAN REMO AVE
SUITE 239
CORAL GABLES FL 33146

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	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, DAVID F	12 NAME	
STREET ADDRESS	1500 SAN REMO AVE SUITE 245	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	V ☐ Change ☒ Addition
NAME	HUGHEY, BONNIE J.	22 NAME	Hughey, Bonnie J.
STREET ADDRESS	1500 SAN REMO AVE #239	23 STREET ADDRESS	1500 San Remo Avenue, Suite 239
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE	~~VP~~	31 TITLE	☒ Change ☐ Addition
NAME	~~TAYLOR, SANDRA~~	32 NAME	Delete Officer
STREET ADDRESS	~~10114 PARK WAY~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~PANAMA CITY FL~~	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JUDITH C	42 NAME	
STREET ADDRESS	1500 SAN REMO AVE SUITE 237	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	S ☐ Change ☒ Addition
NAME		52 NAME	Young, Judith C.
STREET ADDRESS		53 STREET ADDRESS	1500 San Remo Avenue, Suite 245
CITY-ST-ZIP		54 CITY-ST-ZIP	Coral Gables, Florida 33146
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ April 5, 1995 (305)666-0000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Bonnie J. Hughey, Treasurer / Vice President

D160234 CP