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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K48609

STREET ADDRESS

CITY-ST-ZIP

ROUTE AIR SERVICES, INC.

Principal Place	of Business	Mailing Address			·		i 1861Aite Ail Bissi Ibres ares en		1811 81811 41811	<b>4.6.1. 4.5.1. 74.5.</b>
7301 NW 34TH STREET		7301 NW 34TH STREET								
MIAMI FL 33122		MIAMI FL 33122				DO NOT WRITE IN THIS SPACE				
				•		3.	Date Incorporated or Qualifed			
							12/01/1988			4
2 Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		A	pplied For
1		26					65-0118840		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certifcate of Status Desired			Additional
22		27	<del></del>			<b>3</b> .	Certificate of Status Desired		Fee R	equired
City & State	,	City & State			6.	Election Campaign Financing			May Be	
:3		28					Trust Fund Contribution	<del></del> _		to Fees
Zip Country		Zip Coun			<b>0.</b>		•	ion owes the current year Intangible nerty Tax. ☐ Yes ☐ I		□No
24	25 9. Name and Address of Curren	4 Begistered Agent	30	τ			Personal Property Tax.  Name and Address of New F	leaistered		
	9. Name and Address of Curren	r Kedistelen Mäeur		81	Name	10.	Hame the Address of Hear			
LOW	enstein, elliott			82				<del></del>		
	SALZEDO ST				Street Addr	ress (P	O. Box Number is Not Accepta	ible)		
STE.	303			83						
COR	AL GABLES, 33134			Ш						Codo
		•		84	City			FL	85 Zip	Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Fk	authorized orida Stat	utes.	the corporation	ion's Do	pard of directors. I netery accep	purpose of the appo	intment as r	egistered
	Signature, typed or printed name of registered agen			Agen	nt signature require		einstating) ADDITIONS/CHANGES TO OF		ID DIDECT	ORS IN 12
12.	D OFFICERS AN	D DIRECTORS	13.	n F			ADDITIONS/CHANGES TO OF	FICERS A	Change	
TITLE	JACKSON, PETER		1.2 N							_
NAME	PERCIVAL WAY LUTON AIR				T ADDRESS :					
STREET ADDRESS	LUTON, BEDFORDSHIRE			TY-S1	1					
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TI		7-4211				☐ Change	☐ Addition
NAME	WILSON, STEPHEN GARY		22 N	AME						ĺ
STREET ADDRESS	25 ELIZABETH AVE.		2.3 \$	TREÉT	T ADDRESS				•	
CITY-ST-ZIP	BAGSHOT, SURREY ENG.				ST-ZIP,		· . · . · . · . · . · . · . · . · . · .	<del>-</del>		
TITLE	\$	☐ DELETE	3.1 TI	TLE			•		☐ Change	Addition
NAME	MCKINNON, L P		3.2 N	AME				•		
STREET ADDRESS	7301 NW 34TH ST		3.3 S	TREET	T ADDRESS				*	
CITY-ST-ZIP	MIAMI FL 33122		3.4.0	ITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 🏗	TLE	ĺ				Change	Addition
NAME			4.21	MME						
STREET ADDRESS	· · · · · ·		4.3 S	TREET	T ADDRESS			•		
CITY-ST-ZIP					T-ZIP		<u> </u>			
TITLE	•	☐ DELETE	5.1 TI		]			·	Change	Addition
NAME			5.2 N						٠,	
STREET ADORESS					TADDRESS					
CITY-ST-ZIP					T-ZIP		<u> </u>			A statistic -
TITLE		☐ DELETE	6.1 TI		ł		•		☐ Change	Addition
NAME			6.2 N		1					
ATTECT + 6200000	i i		■ 6.3 S	TREET	TADDRESS					

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90009 025 \*\*\*150.00