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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53408 1. Corporation Name . CORS-AIR, INC.

(6)

FILED
May 13 1997 8:00am
Secretary of State



Principal Plac	ce of Businoss	Mailing Address							
% BARRY D. T		% BARRY D. THARP							
2005 8W 30TH AVE		2865 SW 30TH AVE	2865 SW 30TH AVE						
PEMBROKE PA	IRK FL 33009	PEMBROKE PARK FL 330	09-3801			Ĺ			
						3. Date Incorporated or Qualified 12/21/1988		e of Last)/1996	Report
<u> </u>	Place of Businoss	2a. Mailing Address				4. FLI Number	4	···	Applied For
21		26				65-0106032 Not Applicable			Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	,			5. Cortificate of Status Desired		\$8.75	Additional
22		27				V. Contineate of Status Desired	L.J	Fee f	Required
City & Sta	le .	City & State				6. Election Campaign Financing		\$5.00	D May Be
23		28				Trust Fund Contribution			l to Fées
Zip	Country	Zip		untry		8. This corporation has liability for in			s. 199.032,
24	25	[29]	30				Yos [
5144	9. Name and Address of Curren	it Registered Agent		1		10. Name and Address of New Reg	stered A	gent	
	RP, BARRY D.			81	Name				
	1 MUSTANG TRAIL, HWY			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
FT.	LAUDERDALE FL 33330					, and the second second	~,		
				63					
	•			84	City			1_1 4	
				64	City		FL	B5 Zip	Code
11. Pursuant office or egent La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	2 and 607,1508, Florida Statu of Florida, Such change was aligns of Socilon 607,0505, F	ites, the a	bove d by	named corp the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of c the appo	changing intment a	its registered s registered
SIGNATURE					•				
12.	Signature, typed or printed name of registered age OFFICERS ANI		11 : Rogistere	ed Agen	t signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC IN 10
TITLE	DP OFFICE NO PANE	DELETE	1,1 7	111.5		ADDITIONS/CHANGES TO OFFICE		Change	
NAME	THARP, BARRY D.		1.2 N				L	Unango	L_J Addillon
STREET ADDRESS	13291 MUSTANG TRAIL				DDMEC				
CITY-ST-ZIP	FT. LAUDERDALE FL				IDDRESS				
TIFLE	DST DELETE			1.4 CITY - ST - ZIP - 2.1 TIFLE				Chassa	
NAME	KING, EDWARD F., II			2.1 TITLE 2.2 NAME			ı.	Change	Addition
STREET ADDRESS	8244 NASHUA DR								
	PALM BCH GARDENS FL		4		ODRESS				
CITY-ST-ZIP	TABLE BOTT OF TIDE TO TE	Dritte	2 4 CII □ DELETE 31 1/18		· 7/P				
TITLE		□ ntit it					L	Change	Addition
NAME OTOTET A DODESOS			3.2 N						
STREET ADORESS					DDRESS				
CITY-ST-ZIP				CITY-SI	- ZIP				
TITLE			4.1 (1				L	_] Change	Addition
NAME			4.21	NAME					-
STREET ADDRESS			4.3 S	TREET A	DDRESS				i
CITY-ST-ZIP				(1 Y - S1-	ZIP				
TITLE		☐ DELETE	5.171	TLF			L	_] Change	Addition
NAME			5.2 N	AME:					
STREET ADDRESS			5.3 S	TREET A	DDHESS				
CITY-ST-ZIP			5.4 C	IIY-SI-	ZIP				
TITLE		DELETE	6.1 TI	ITLE				Change	Addition
NAME			62 N	AME					
STREET ADDRESS			638	IREET A	DDRESS				
ÇITY-ST-ZIP			64C	11Y - ST -	ZIP				

14. If 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, or on an attachment with an address.