

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrain
Secretary of State
Office of Corporations

APPROVED
AND
FILED

DOCUMENT # **K54362** (4)

MAY - 1 PM 10:21

OCEANAIR AVIATION OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business

Mailing Address

% JAMES B. CURASI
PO BOX 10169
TALLAHASSEE FL 32302-2169

% JAMES B. CURASI
PO BOX 10169
TALLAHASSEE FL 32302-2169

FLORIDA DEPARTMENT OF STATE

2. Date of Annual Report Due		2a. Mailing Address		3. Date of Incorporation or Organization		3a. Date of Last Report	
21		26		12/29/1988		05/01/1994	
22. State of Incorporation		27. State of Mailing Address		4. FEE Number		Applied Fee	
22		27		NOT APPLICABLE		Not Applicable	
23. City and State		28. City and State		5. Certificate of Status Due		\$8.75 Additional Fee Required	
23		28		6. Franchise Certificate Fee		\$5.00 May Be Added to Fees	
24. City		25. State		29. City		30. State	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CURASI, JAMES B. 3226 CAPITAL CIR SW TALLAHASSEE FL 32310				81. Name			
				82. Street Address (P.O. Box Address is Not Acceptable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief. I am a member of the board of directors of the corporation and I am duly qualified to sign this statement as a registered agent of the corporation.

Signature

Signature of the undersigned must be in ink and must be written in full.

Signature of the undersigned must be in ink and must be written in full.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER OFFICERS	
NAME	D CURASI, JAMES B. 3226 CAPITAL CIR SW TALLAHASSEE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct to the best of my knowledge and belief. I am a member of the board of directors of the corporation and I am duly qualified to sign this statement as a registered agent of the corporation.

SIGNATURE:

J.B. CURASI - Chairman

4/22/95 (904) 576-8492