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 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K85136** **(5)**

1. Corporation Name
LYNX AIR INTERNATIONAL, INC.

300001487943
-05/16/95--01005--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1995 W. COMMERICAL BLVD. SUITE A FT. LAUDERDALE FL 33309	1995 W. COMMERICAL BLVD. SUITE A FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **05/03/1989**
3a. Date of Last Report: **05/19/1994**

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

4. FEI Number: **65-0116593** ☐ 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

CROWDER, SHARON
1995 W. COMMERICAL BLVD.
SUITE A
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Linda G. Tonks
82 Street Address (P.O. Box Number is Not Acceptable): 1995 W. Commercial Blvd.
83: Ste. A
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33309

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: Linda G. Tonks — LINDA G. TONKS — 1/26/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S/D/T	☒ Change ☐ Addition
NAME	DEMICK, ROBERT	1.2 NAME		
STREET ADDRESS	3605 HIGH PINE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SOUTHERLAND, CRAIG A.	2.2 NAME		
STREET ADDRESS	6781 NW 32ND AVE	2.3 STREET ADDRESS	P.O. Box 91 "N/A"	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Crowder, MS 38622	
TITLE	VT	3.1 TITLE	C/D	☒ Change ☐ Addition
NAME	TONKS, ALAN	3.2 NAME		
STREET ADDRESS	12360 MEADOWBREEZE DR.	3.3 STREET ADDRESS	12775 Meadowbreeze Dr.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	3.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	D	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BYERS, JOHN C	4.2 NAME	Linda G. Tonks	
STREET ADDRESS	2601 APPALOOSA TRAIL	4.3 STREET ADDRESS	12775 Meadowbreeze Dr.	
CITY-ST-ZIP	W. PALM BEACCH FL 33414	4.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHUTT, BRODER	5.2 NAME		
STREET ADDRESS	1700 NW 107 WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Linda G. Tonks — LINDA G. TONKS — 1/26/95 — 305-772-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0316537 CP