

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K85136** (5)  
1. Corporation Name  
**LYNX AIR INTERNATIONAL, INC.**



Principal Place of Business <b>1995 W. COMMERCIAL BLVD. SUITE A FT. LAUDERDALE FL 33309</b>	Mailing Address <b>1995 W. COMMERCIAL BLVD. SUITE A FT. LAUDERDALE FL 33309-7130</b>
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3. Date Incorporated or Qualified <b>05/03/1989</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0116593</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**TONKS, LINDA G.  
1995 W. COMMERCIAL BLVD.  
SUITE A  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEMICK, ROBERT	
STREET ADDRESS	3605 HIGH PINE DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SOUTHERLAND, CRAIG A.	
STREET ADDRESS	P.O. BOX 91 N/A	
CITY - ST - ZIP	CROWDER MS 38622	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TONKS, ALAN	
STREET ADDRESS	12775 MEADOWBREEZE DR.	
CITY - ST - ZIP	W. PALM BEACH FL 33414	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TONKS, LINDA G	
STREET ADDRESS	12775 MEADOWBREEZE DR.	
CITY - ST - ZIP	W. PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GURR, ED	
STREET ADDRESS	876 CRACKER STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAEGER, FRIEDRICH	
STREET ADDRESS	116 RIDGE VALLEY ROAD	
CITY - ST - ZIP	OTTSMVLL PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97  
Date

954-772-9808  
Daytime Phone #