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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90084 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K85136

1. Corporation Name

LYNX AIR INTERNATIONAL, INC.

Principal Place of Business

**5500 NW 21ST TERRACE
HANGER 24
FT. LAUDERDALE FL 33309
US**

Mailing Address

**P O BOX 407138
FT. LAUDERDALE FL 33340
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TONKS, LINDA G.
5500 NW 21ST TERRACE
HANGER 24
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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERLAND, CRAIG A.	2.2 NAME	
STREET ADDRESS	P.O. BOX 91 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CROWDER MS 38622	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONKS, ALAN	3.2 NAME	
STREET ADDRESS	12775 MEADOWBREEZE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONKS, LINDA G	4.2 NAME	
STREET ADDRESS	12775 MEADOWBREEZE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURR, ED	5.2 NAME	
STREET ADDRESS	876 CRACKER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KEN	6.2 NAME	
STREET ADDRESS	642 HITECH PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKDALE CA 95361	6.4 CITY-ST-ZIP	

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99 954-491-7576

CR2E034 (11/98)