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 # L34684

(5)

AARDVARK AIR, INC.

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FILED Apr 29 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			-			#	
SOO3 & CONGRESS AVE SUITE 1A PALM SPRINGS FL S3461		3003 S CONGRESS AVE SUITE 1A PALM SPRINGS FL 33461-2169							
						3. Date Incorporated or Qualified 12/04/1989		ate of Last Fid /01/1996	eport
	ace of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , , ,			4. FEI Number		Ap	plied For
21		26			65-0183654			t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8,75 A		
City & State		City & State			6 Florian Consider Financia			· · · · · · · · · · · · · · · · · · ·	
23		28			6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
Zip Country		Zip Country				8. This corporation has liability for	intangible		
26		29 30				Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New R	agistered	Agent	
SPRINGER, RUDERI					Name				
	S. CONGRESS AVE.		82 Street Ac			ess (P.O. Box Number is Not Accepta	ble)		
PALI	M SPRINGS FL 33461			83					
				83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the al	00V6-1	named corpo	oration submits this statement for the	Durnose 0	f changing it	s registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by t	he corporation	oration submits this statement for the on's board of directors. I hereby according to the contract of the cont	pt the app	pointment as	registered
	m tamiliar with, and accept the obliga	alions of, Section 607,0005, Fi	Onua Stat	utes.					
Signature	Signature, typed or printed name of registered age	ont and title if applicable. (NO	It: Registere	d Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS ANI		13,			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D	☐ DELE1E	1.1 T)	ILE	İ			L_ Change	☐ Addition
NAME	SPRINGER, ROBERT			1.2 NAME					,
STREET ADDRESS	3003 S CONGRESS AVE				DDRESS				
CITY-ST-ZIP TITLE	PALM SPRINGS FL	DELETE	1,4 Ct 2.1 10	TY-SI-	ZIP			Change	Addition
NAME	d Springer, cynthia				1			Change	
STREET ADDRESS	3003 S CONGRESS AVE		2.2 NAME 2.3 STREET ADD		DUBESS	•			
CITY-ST-ZIP	PALM SPRINGS FL		2.35		i				
TITLE	Triali Orthitable	DELETE 31						☐ Change	Addition
NAME			3.2 N/	AME				-	
STREET ADDRESS			3.3 \$1	REET AL	DORESS				ļ
CITY-ST-ZIP			3.4. C	ITY-\$1-	- ZIP				
TITLE		DELETE	4.1 1	TLE				Change	Addition
NAME			4.2 N	AME					į
STREET ADDRESS			4 3 S1	TRLE 1 AC	DDRESS				Ì
CITY-ST-ZIP		DEFET		1Y-S1-	ZIP			Change	Addition
TITLE		☐ DELETE	5.1 1/1LE					☐ Change	☐ Addition
NAME CERTET ADDRESS			5.2 N		popece				
STREET ADDRESS					DORESS				Ì
CITY-ST-ZIP TITLE		DELETE	6.1 TI	1Y-ST- TLE	zir			Change	Addition
NAME			6.2 N		1				3.3
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			I.	TY-ST-	l l				l
	by certify that the information supplier	d with this filing does not qual				in Section 119.07(3)(i) Florida Statul	es I furthe	r certify that	the

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 Statules. 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 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 of an attachment with an address.

HIGHSILLY III OIIIIII

4/20/02

(561) 422 950