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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36726

(2)

AIRPORT SHUTTLE, INC.

Principal Place	e of Business	Mailing Addre	Mailing Address			T (ADDIAD) WAS VIVED BUINT INDIA VIRTIA EVIN DADIA MADIA MADIA MADIA MADIA MADIA 1844;		
C/O JOHN PICANO 2780 SE MORNINGSIDE BLVD. PT. ST. LUCIE FL 34952 US		2780 SE MORN	% JOHN PICANO 2780 SE MORNINGSIDE BLVD PORT ST LUCIE FL 34952-5708					
		10111 01 6001				3. Date Incorporated or Qualified 12/14/1989		
2. Principal Place of Business 2a. Mailing			g Address			4. FEI Number		Applied For
21 26						59-2981255		Not Applicable
Suite, Apt #, etc 22		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		Cily & Stat				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 29 9. Name and Address of Current Registered Agent			30		10. Name and Address of New Registered Agent		
PICA	ANO, JOHN		<u>`</u>	B1	Name			· · · · · · · · · · · · · · · · · · ·
	MORNINGSIDE BLVD			80	Chanal Add	trace /D.O. Dou Number in Not Acceptable	lo)	
PORT ST LUCIE FL 34952				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		FL 85 Z	ip Code
11 Porcuant	to the provisions of Sections 60	7 0502 and 607 1508. Flo	nrida Statute	s the above	a-named cor	poration submits this statement for the p	urpose of changin	g its registered
office or r	registered agent, or both, in the im familiar with, and accept the	 State of Florida, Such ch 	ande was at	uthorized by	the corpora	ation's board of directors. I hereby accept	ot the appointment	as registered
SIGNATURE	Segnature: typicalox printed harve of registr	rec agent and title if applicable.	aton)	Registered Age	ent signature requ	red when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
THLE	D DELETE PICANO, JOHN		DELETE	1.1 TITLE			L Chan	ge 🔲 Addition
NAME				1.2 NAME				
STREET ADDRESS				1.3 STREET ADORESS				,
CITY - ST - 7(P	PORT ST LUCIE FL		DELETE	1.4 CITY - S	ST-ZIP		☐ Chan	ge Addition
TITLE		لسا	Uttell	2.1 TITLE	1		LI Chan	ge [_] Noorion
NAME				2.2 NAME 2.3 STREET	ADDOCCO			
STREET ADDRESS				2.3 STREET				
CITY-ST-7IP TITLE			DELETE	3 1 TITLE	51-24		Chan	ge Addition
NAME				3.2 NAME				
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-S1-ZiF				3 4. CiTY-	ST-ZIP			
#rīLE			DELETE	4.1 TITLE			Chan	ge Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADORESS			
CHTY - ST - ZIF				4.4 CITY-	ST-ZIP			- I I salasisa
TITLE		Ll	DELETE	5.1 TITLE			Chan	ige L. Addition
NAME	1			5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIF			DELETE	5.4 CITY - : 6.1 TITLE	S1-ZIP		☐ Char	nge Addition
THE		<u>L</u>	DELLIE	6.2 NAME			الماري ب	·p· bank radiooni
NAME STREET ADDRESS					T ADDRESS			
City-S*-7IP				6.4 CITY-				
14 Ldo hore	t by certify that the information s	upplied with this filing do	es not qualif	v for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify I	that the
informate Leonen d	on indicated on this annual epo officer or director of the corpora	ort or supplemental annu- ition on the receiver of tru	al report is tr stee emnow	rue and acc ered to exe	urate and the	at my signature shall have the same leg- ort as required by Chapter 607, Florida (al attect as it made	a under oarn: inar
appears	in Block 12 or Block 17 if change	ged of on an attachment	with an add	lress.		/ /		
CICNAT	TIDE.	KILLY	7	UHRE		2/20/87 56	1 335-	タクシク
SIGNAT	SIGNATURE AND TO	YPED OR PRINTED NAME OF SIG	NING OFFICER	OR DIRECTOR		Date	Daytime Phot	ne il