FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L81367** **(9)**

1. Corporation Name

AIR CHARTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3915 ST. LUCIE BLVD. FT. PIERCE FL 34946 US	3915 ST. LUCIE BLVD. FT. PIERCE FL 34946 US

3. Date Incorporated or Qualified: **06/15/1990**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0229293** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3131 Jet Center Terr.	26 3131 Jet Center Terr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Pierce, FL	City & State 28 Ft. Pierce, FL
Zip / Country 24 34946 / 25 USA	Zip / Country 29 34946 / 30 USA

9. Name and Address of Current Registered Agent

VAN OVOST, J.M.
3915 ST. LUCIE BLVD.
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3131 Jet Center Terrace

83

84 City: Ft. Pierce, FL 85 Zip Code: 34946

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 _____ DATE _____
Signature, typed or printed name of Registered Agent, and date of appointment (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN OVOST, JEAN MARIE		1.2 NAME		
STREET ADDRESS	5405 E ECHO PINES CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	VAN OVOST, JOY		2.2 NAME	Van Ovost, Jean Marie	
STREET ADDRESS	5405 E. ECHO PINES CIR.		2.3 STREET ADDRESS	5405 E. Echo Pines Circle	
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	VAN OVOST, JOY		3.2 NAME	Van Ovost, Jean Marie	
STREET ADDRESS	5405 E ECHO PINES CIR		3.3 STREET ADDRESS	5405 E. Echo Pines Circle	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	Ft. Pierce, FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: J.M. VAN OVOST 4/22/96 407 464-6687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number