FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:45

DOCUMENT # **M58169** **(7)**

1. Corporation Name
FEDERAL AIRPORT SERVICES TRANSPORT, INC.

Principal Place of Business	Mailing Address
5553 RAVENSWOOD RD. SUITE 109 FT. LAUDERDALE FL 33312	5553 RAVENSWOOD RD. SUITE 109 FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21: 3350 GATEWAY DR
22: Suite, Apt. #, etc.
23: City & State: POMPANO BEACH, FL
24: Zip: 33069 25: Country: U.S.A.

2a. Mailing Address
26: 3350 GATEWAY DR
27: Suite, Apt. #, etc.
28: City & State: POMPANO BEACH FL.
29: Zip: 33069 30: Country: U.S.A.

4. FEI Number: 11-2873695 ☐ 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

9. Name and Address of Current Registered Agent

MONTESI, MICHAEL J.
607 NORTH 13TH AVENUE
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: MONTESI, MICHAEL J
82 Street Address (P.O. Box Number is Not Acceptable): 3350 GATEWAY DR
83:
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: 5-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BARTLETT, ROBERT	12 NAME	BARTLETT, ROBERT	
STREET ADDRESS	5553 RAVENSWOOD RD. #109	13 STREET ADDRESS	3350 GATEWAY DR	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	MONTESI, MICHAEL J.	22 NAME	MONTESI, MICHAEL J.	
STREET ADDRESS	5553 RAVENSWOOD RD. #109	23 STREET ADDRESS	3350 GATEWAY DR	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	LOPEZ, JEAN MICHEL	32 NAME	LOPEZ, JEAN MICHEL	
STREET ADDRESS	5553 RAVENSWOOD RD. #109	33 STREET ADDRESS	3350 GATEWAY DR	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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)(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 added in an attachment with an address.

SIGNATURE: [signature] 5-24-95 (305) 974-7788
(Signature and Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #

0221696 CP