## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P14427

(9)

| 1. Corporation   | MENT # P144;<br>ONT AIRLINES, INC.              | 27 (9)                    |                                       |  |  |
|--|---|---------------------------|---------------------------------------|--|--|
| Descripted Diago   | of B. winner                                    | Mailing Address           |                                       |  | 11 1801 81011 01011 01811 61811 01011 01011 1101 |
| SALISBURY WICOMICO COUNTY AIRPORT SALISBURY MD 21801  5443 AIRPORT TERMIN SALISBURY MD 21801  SALISBURY MD 21801 |   |                           |                                       |  |  |
|  |   | US                        |                                       | 3. Date Incorporated or Qualified 05/12/1987   | 3a. Date of Last Report 04/27/1995               |
| 2. Panoipal Pla<br>ni  | ice of Business                                 | 28. Mailing Address<br>26 |                                       | 4. FEI Number 52-0970090   | Applied For<br>Not Applicable                    |
| Saite, Apt. #  | r, etc.   | Suite, Apt. #, etc.       |                                       | 5. Certificate of Status Desired   | \$8.75 Additional                                |
| : <b>2</b><br>   |   | City & State              |                                       | Election Campaign Financing     Trust Fund Contribution                                | \$5.00 May Be Added to Fees                      |
| <b>3</b>  <br>  Zip  | Country   | Zip                       | Country                               | 8. This corporation has liability for  |  |
| 4  | 25 9. Name and Address of Curre                 | 29 Agent                  | [30]                                  | Florida Statutes Yes  10. Name and Address of New F                                    |  |
|  | 9. Name and Address of Curre                    | ent negistered Agent      | 81 Name                               | IV. Hallo sila Radiosa di How I  | io Branciae regard                               |
| CT CORPORATION SYSTEM  |   |                           | 82 Street Ad                          | dress (P.O. Box Number is Not Acceptat   | ole)   |
|  | 1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 |                           |                                       |  |  |
|  |   |                           | 84 City                               |  | 85 Zip Code                                      |
|  |   |                           |                                       | oration submits this statement for the pu<br>ard of directors. I hereby accept the app | FL 60 Exposes                                    |
| SIGNATURE .  |   | ND DIRECTORS              | IOTE Registered Agent signature requi | - <del></del>  | DATE<br>FICERS AND DIRECTORS IN 12               |
| TILF   | CD  | DELETE                    | 1 1 TITLE                             |  | Change Addition                                  |
| NAME<br>STREET ADDRESS   | HENSON, RICHARD A.<br>400 NEOPOLITAN WAY        |                           | 1.2 NAME<br>1.3 STREET ADDRESS        | 6825 Grenadier Blvd,   | Suite 505  |
| CITY ST ZIP  | NAPLES FL                                       |                           | 14 CITY - ST - Z-P                    |  |  |
| 101.6  | P   | DELETE                    | 2 1 TITLE                             |  | Change 🔲 Addition                                |
| NAME.  | LEONARD, JOHN F.                                |                           | 2.2 NAME                              | 001 Oten edemed På   |  |
| S. REFEATORESS   | 710 EDGEWATER DR.<br>SALISBURY MD               |                           |                                       | 831 Stoneybrook Rd.  |  |
| CHY-51-Z(C)  | SACIODORT MID                                   | ☐ DELETE                  | 2 4 CHY S1-2P                         |  | Change Addition                                  |
| NAM-   | COTTER, FRANK J.                                | <b>L-1</b> · ·            | 3 2 NAME                              |  |  |
| STREET ADDRESS   | 2345 CRYSTAL DRIVE                              |                           | 3.3 STREET ADDRESS                    |  |  |
| C1Y S1 74  | ARLINGTON VA                                    |                           | 3 4 CiTY - ST - ZIP                   |  |  |
| 11'11  | V   | DELETE                    | 4 1 11TLE                             |  | Change Addition                                  |
| NAME   | FARROW, STEVEN R.                               |                           | : 42 NAME                             |  |  |
| S16911 ADDRESS   | 3 NICHOLAS MEWS                                 |                           | 4.3 STREET ADDRESS                    |  |  |
| CHTY_SE_ZE   | SALISBURY MD                                    |                           | 4 4 CITY - \$1 - ZIP                  |  | Chases C Addition                                |
| TIFLE  | MUDDELL DODERT                                  | DELETE                    | 5 1 TITLE                             |  | ☐ Change ☐ Addition                              |
| VAM5   | MURRELL, ROBERT L.                              |                           | 5 2 NAME                              |  |  |
| STREET ADDRESS   | 808 COLLEGE LANE<br>SALISBURY MD                |                           | 5 3 STREET ADDRESS                    |  |  |
| CIN \$1-78;<br>THE   | OALIODONI MID                                   | [] DELETE                 | 5 4 CITY+ST-ZIP<br>6 1 BITLE          |  | Change Addition                                  |
| NAME   |   | E1 6444                   | 6.2 NAME                              |  | <u> </u>   |
| STREET ADDRESS   |   |                           | 63 STREET ADDRESS                     |  |  |
| CHY-SI-70  | 1   |                           | 64 CHY- SI-ZIP                        |  |  |

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 cath, trut I am an officer optirector 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 changes, or or an attachment with an address.

SIGNATURE: American American Statutes and the supplemental and

SIGNATURE: K

Robert L. Murrell

March 4, 1996 410-742-2996

Daytime Phone #

CR2E034 (12/95)