

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 # P20101 (2)

1. Corporation Name

INFLIGHT DUTY FREE SHOP, INC.

Principal Place of Business

205-215 LEXINGTON AVE.  
NEW YORK NY 10016

Mailing Address

205-215 LEXINGTON AVE.  
NEW YORK NY 10016



2. Principal Place of Business

2a. Mailing Address

21 6691 Baymeadow Drive

26 6691 Baymeadow Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Glen Burnie, MD

28 Glen Burnie, MD

24 Zip Country

29 Zip Country

25 21060

30 21060

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/18/1988

3a. Date of Last Report  
05/01/1995

4. FEI Number  
13-3333615

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

10. Name and Address of New Registered Agent

BAAD, RANDALL  
10900 NW 27TH ST  
MIAMI FL 33172

81 Name The Rentice-Hall Corporation System, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
83 Suite 105  
84 City Tallahassee FL 85 Zip Code 32301

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 of the person who is the registered agent and has accepted the appointment.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT  
NAME DHARMAGUNARATNE, TISSA  
STREET ADDRESS 215 LEXINGTON AVENUE  
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

TITLE PD  
NAME CATHEY, PETER  
STREET ADDRESS 215 LEXINGTON AVE  
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

TITLE S  
NAME CATHEY, PETER  
STREET ADDRESS 215 LEXINGTON AVE  
CITY-STATE-ZIP NEW YORK NY ☒ DELETE

TITLE DAS  
NAME EGAN, GERALD  
STREET ADDRESS 63 COPPS HILL RD  
CITY-STATE-ZIP RIDGEFIELD CN ☐ DELETE

TITLE D  
NAME CARFORA, ALFRED  
STREET ADDRESS 63 COPPS HILL RD.  
CITY-STATE-ZIP RIDGEFIELD CN ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
COO, President, Director ☒ Change ☐ Addition  
Peter Cathey  
63 Copps Hill Road  
Ridgefield, CT 06877

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
Asst. Secretary, Director ☒ Change ☐ Addition  
Gerald F. Egan  
63 Copps Hill Road  
Ridgefield, CT 06877

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
Asst. Secretary, CEO Director ☒ Change ☐ Addition  
Alfred Carfora  
63 Copps Hill Road  
Ridgefield, CT 06877

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
Secretary ☐ Change ☒ Addition  
Judi Bishop  
63 Copps Hill Road  
Ridgefield, CT 06877

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald F. Egan

2/15/96

203-431-6057

CR2E034 (12/95)