

**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 # P20808 (2)

1. Corporation Name  
**TOWER AIR, INC.**



Principal Place of Business: HANGER 8, J.F.K. INT'L AIRPORT, JAMAICA NY 11430, US  
Mailing Address: C/O HANGER 17 J.F.K. INT'L AIRPORT, JAMAICA NY 11430, US

3. Date Incorporated or Qualified: 09/08/1988  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 11-2621046  
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: 21 HANGER 17 JFK INT'L AIRPORT, Suite, Apt. #, etc., City & State: JAMAICA NY, Zip: 11430, Country: US  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 state if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                   |                                            |
|----------------------------------------------|--------------------------------------------|
| TITLE: PCEO                                  | <input type="checkbox"/> DELETE            |
| NAME: NACHTOMI, MORRIS                       |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |
| TITLE: S                                     | <input type="checkbox"/> DELETE            |
| NAME: GELBAND, STEPHEN                       |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |
| TITLE: VP                                    | <input checked="" type="checkbox"/> DELETE |
| NAME: FRANKEL, CHRISTIAN                     |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |
| TITLE: VP                                    | <input type="checkbox"/> DELETE            |
| NAME: LACEY, NICHOLAS                        |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |
| TITLE: VP                                    | <input checked="" type="checkbox"/> DELETE |
| NAME: CAIN, WILLIAM                          |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |
| TITLE: VP                                    | <input type="checkbox"/> DELETE            |
| NAME: HAYES, MARK                            |                                            |
| STREET ADDRESS: HANGAR #17 JFK INT'L AIRPORT |                                            |
| CITY-ST-ZIP: JAMAICA NY                      |                                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

PLEASE REFER TO ATTACHED INFORMATION

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:

*Josefina Essex*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEFINA ESSEX

9/28/96

718-553-4348  
Daytime Phone #

CR2E034 (12/95)

**TOWER AIR, INC.**  
**FLORIDA ANNUAL REPORT**  
 As of 02/15/96

**LIST OF DIRECTORS**

| <u>Name</u>     | <u>Address</u>                                    |
|-----------------|---------------------------------------------------|
| Morris Nachtomi | Hanger #17 JFK Int'l Airport<br>Jamaica, NY 11430 |
| Stephen Gelband | Same as above                                     |
| Henry Baer      | Same as above                                     |
| Stephen Osborn  | Same as above                                     |
| Stanley Shuman  | Same as above                                     |

**LIST OF OFFICERS**

|                                                              | <u>Name</u>         | <u>Address</u> |
|--------------------------------------------------------------|---------------------|----------------|
| President / C.E.O                                            | Morris Nachtomi     | Same as above. |
| Secretary                                                    | Stephen Gelband     | Same as above. |
| Vice-President Finance and CFO                               | Josefina Essex      | Same as above. |
| Vice- President- Planning<br>,services and systems           | Robert W. Mann, Jr. | Same as above. |
| Vice- President- Operations                                  | Guy Nachtomi        | Same as above. |
| Vice- President- Maintenance<br>and Engineering              | Cho Toang           | Same as above. |
| Vice- President- Aircraft Scheduling<br>& Military Contracts | Mark Hayes          | Same as above. |
| Vice- President- Training                                    | Nicholas Lacey      | Same as above. |