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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39351

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KIWI INTERNATIONAL AIR LINES, INC.

| FILED | | | | | | | | |
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| Apr 16 1997 8:00am | Ì | | | | | | | |
| Secretary of State | | | | | | | | |

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| Principal Plac HEMISPHERE (ROUTES 1 & 9 | CENTER | HEMIS | g Address Phere Center S 1 & 9 South | ······································ | | | | | | |
|--|---|-------------------------------------|--|--|-----------|---------------------------------------|--|---------------------------------------|----------------------|-------------------------|
| NEWARK NJ O | | | RK NJ 07114 | | | | j | | | |
| | | | | | | | Date Incorporated or Qualified 06/23/1992 | 3a. Date of L | - | port |
| 2 Principal P | race of Business | 20 14 | ailing Address | | | | 4. FEI Number | 03/29/19 | | llad Far |
| h | iace or positions | 1 | aming Address | | | | 22-3158467 | - | | Applicable |
| Suite, Ant | # ofc | 26 Su | ite, Apt. #, etc. | ··· | | · · · · · · · · · · · · · · · · · · · | 22 0 10001 | | | Applicable dditional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | 1 1 7 - | ee Req | |
| City & State | e | } | y & State | | | | 6. Election Campaign Financing | \$5 | 5.00 N | Лау Ве |
| 23 | | 28 | | 1 6 | | | Trust Fund Contribution | | dded to | |
| Zφ □ | Country | Zip |) | Count | try | | 8. This corporation has liability for | | der s. 1 | 199.032, |
| 24 | 25 9. Name and Address of Curr | 29 | d Agent | 30 | | ····· | Florida Statutes L 10. Name and Address of New Re | Yes No | | |
| TI 15 | | | | | nT | Name | IU. Name allu Addiess Ul riber ne | Ristaton Water | | |
| | PRENTICE-HALL CORPORATI | IUN STSIEM | INC. | L | ┙ | | | | | |
| 1 | i hays street Te 105 | | | 6 | 12 | Street Addre | ss (P.O. Box Number is Not Acceptat | ole) | | |
| | LAHASSEE FL 32301 | | | 8 | 3 | | | | | |
| | | | | 8 | 14 | City | | 85 | Zip Co | ode |
| | | | | | _ | | | FL ° | | |
| | to the provisions of Sections 607.c egistered agent, or both, in the St. m familiar with, and accept the ob | ale of Florida. ligations of, Se | Such change was ection 607.0505, FI | authorized orida Statut | by tos | the corporation. | ration submits this statement for the p in's board of directors. I hereby accep | ot the appointme | ing its int as re | registered egistered |
| SIGNATURE | Signature: typed or pented name of registered | agent and title if ap | phoable (NO | € Registered / | Age | nt signature require: | when reinstating) | DATE | | |
| 12. | | AND DIRECTO | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRE | CTORS | IN 12 |
| 181.F | CEOP | | ☐ DELETE | 1.1 7171 | E | | | Ch | ange | Addition |
| NAME | MUROHY, JOHN G | | | 1.2 NAM | ŧξ | | | | | |
| STREET ADDRESS | US ROUTES ONE & NINE S | OUTH | | 1.3 STAI | EET | ADDRESS | | | | |
| CITY - \$1 - 70P | NEWARK NJ | | | 1.4 CITY | | r-ZIP | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | CFO | | DELETE | 2.1 TITL | | - | | . ☐ Ch | ange | ☐ Addition |
| NAME | PLAYER, JAMES E | | | 2.2 NAM | Æ | | | | | |
| STREET ADDRESS | U S ROUTES ONE & NINE | SUUTH | | 1 | | ADDRESS | Ÿ, | | | |
| CITY-ST-ZIP | NEWARK NJ | | Da ocurre | 2. 4 CIT | | | . 15 | No. | | 111400 |
| TITLE | D AMOTOON JOIN | | DELETE | 3.1 TITL | | 10 | RECTOR | ⊠ ch | ange | Addition |
| NAME | ANDERSON, JOHN | | | 3.2 NAM | | | ACK GRAY II S. ROUTES ONE. PA | Leva So | | |
| STREET ADORESS | 16 DIANNE DRIVE | | | | | ADDRESS V. | TENDER OF THE | THE CO | | |
| 011Y-51-24F | MONTVILLE NJ | | DELETE | 3.4. CITY | | T-ZIP / | KWARK NJ O | | 2D/IE | Addition |
| TiTLE | D WALTHOU MODION | | La DECETE | 4.1 1111 | | 1 | | 0 | ខាស៊ី៤ | III VOSITION |
| NAME | WALTUCH, NORTON | eoima | | 4. 2 NAM | | | | | | |
| STREET ADDRESS | U S ROUTES ONE & NINE | חוטטפ | | 1 | | ADDRESS | | | | |
| CHTY - ST - ZHP TITLE | NEWARK NJ D | | DELETE | 4.4 CHTY 5.1 TITL | | 1-ZIP | DIRECTOR | Cr Cr | anne | Addition |
| NAME | STRATTON, DOUGLAS | | S precie | 5.2 NAM | | 1.5 | TOMES B. HAWKS | E CI | iai vy o | L. Rudnidii |
| | 341 ELLIS PARKWAY | | | | | ADDRESS V. | S. ROOTES ONE + | NINE | | ļ |
| STREET ADDRESS | PISCATAWAY NJ | | | | | ADURESS / | DIRECTOR DIRECTOR B. HANKS S. ROOTES ONE & VEWORK NT O | Tull | | |
| CITY - ST - 7IP | | | DELETE | 5.4 CITY 6.1 TITL | | 1-ZIP | CUBIL MY U | 1/17 | nange | Addition |
| NAME | D Thayer, Russell | | OLULIC | 6.2 NAM | | 1 | | () U | er, iño | AUUIIVII L |
| 1 | 300 E. 54TH STREET, #168 | Į | | | | toppere | | | | |
| STREET ADDRESS | NEW YORK NY | , | | | | ADDRESS | | | | |
| CITY-S1-ZIP | NEW TUNN NI | liand saids thin 4 | | 6.4 CITY | (- SI | 1-219 | Castian 110 07(2)(i) Flatida Conta | | - 41 6-41 | |

I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

