

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

93 MAY -1 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008849 (1)**

1. Corporation Name

**VEL DEVELOPMENT (FLORIDA) CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O GREENBERG, TRAUIG, HOFFMAN, ET AL  
777 S FLAGLER DR., S-310 - EAST TOWER  
WEST PALM BCH. FL 33401**

Mailing Address: **C/O GREENBERG, TRAUIG, HOFFMAN, ET AL  
777 S FLAGLER DR., S-310 - EAST TOWER  
WEST PALM BCH. FL 33401**

3. Date Incorporated or Qualified <b>12/03/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0373996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of Now Registered Agent
<b>SALOVIN, ALLAN GREENBERG, TRAUIG, HOFFMAN, ET AL 777 S FLAGLER DR., S-310 - EAST TOWER W PALM BCH. FL 33401</b>	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	B5 Zip Code <b>FL</b>

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 Agent or Mailed Agent of Registered Agent (Not Applicable)) \_\_\_\_\_ (Registered Agent (Signature Required) and the Principal)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEV, JERRY	2. NAME	
STREET ADDRESS	3450 OUELETTE AVE	3. STREET ADDRESS	
CITY, ST, ZIP	WINDSOR, ONTARIO N9E3M1 CANA	4. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOVIN, ALLAN	22. NAME	
STREET ADDRESS	777 S. FLAGLER, SUITE 310, E.	23. STREET ADDRESS	
CITY, ST, ZIP	W. PALM BEACH FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Jerry Lev** **3-15-95**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # P92000009326 (9)

1. Corporation Name:

GLOBAL AIR CHARTER, INC.

91 MAY 11 11:03:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

550 N REO ST  
STE 113  
TAMPA FL 33609  
US

7019 SILVERMILL DRIVE  
TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1992

3a. Date of Last Report 04/08/1994

4. FEI Number 59-3152568

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. 193.032,  
Florida Statutes.  Yes  No

2. Principal Place of Business:

2a. Mailing Address:

21 15707 FAIRCHILD DR

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HANGAR #4

27

City & State

City & State

23 CLEARWATER, FL

28

Zip

29

Country

24 34622

25

PINELLAS

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRT, THOMAS L JR.  
7019 SILVERMILL DRIVE  
TAMPA FL 33635

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 present agent or registered agent, unless applicable)

(Signature of person or persons to be registered agent, unless applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	P
NAME	BIRT, THOMAS L JR
STREET ADDRESS	7019 SILVERMILL DR
CITY, ST, ZIP	TAMPA FL 33635
FILE	ST
NAME	SOVINE, JAY F
STREET ADDRESS	4720 E LINEBAUGH
CITY, ST, ZIP	TAMPA FL
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I 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)(b), 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 in an attachment with my address.

SIGNATURE:

*Thomas L. Birt, Jr.*  
Thomas L. Birt, Jr.

4/28/95  
Date

813-536-7121  
Telephone