## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018142 (8)

AIRSPORTS INTERNATIONAL, INC.

**FILED** May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
11475 ROCKET BLVD. 11475 ROCKET BLVD.					
ORLANDO FL 32824-8514		ORLANDO FL 32824-8514		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/10/1993	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		<u>59-3170566</u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State					Fee Required
City & State City &		H '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution L.  8. This corporation owes or has paid the contribution to the contribution of the contribution to t	
24	26	— · —	10	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	1-1-1	1	10. Name and Address of New Registers	
FS	ASER, NORMAN A.		81 Name		
1124 LINDSAY WAY			82 Street	Address (P.O. Box Number is Not Acceptable)	
P.O. BOX 450066			oz Sireel /	nadiess (F.O. DOX Normber is NOt Acceptable)	
KISSIMMEE FL 34745			63		
			84 City		. 85 Zip Code
			11.	F	
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 pixtled name of registered age	ont and bile if angle able (NOTE:	Registered Agent signature	required when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	FRASER, NORMAN A		1.2 NAME		
STREET ADDRESS	1124 LINDSAY DAWE WA	~	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, MARK D		2.2 NAME		
STREET ADDRESS	1631 NEWCHAPEL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZMP	ORLANDO FL 32837		2.4 CITY-ST-ZIP		
TITLE	VSD	DELETE	3.1 TITLE		Change Addition
NAME	COLEGROVE, MICHAEL J		3.2 NAME		
STREET ADDRESS	2963 OLD DIXIE HIGHWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 TITLE 4. 2 NAME		Chende Chyantion
NAME CTOSET ADODESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		OFLETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
OTT DY EN		20 41 42 42		d in Contine 110 07(2)(i) Florida Ctatutos Liturthos	portificables the information

Interest 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.

407.438.4488