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

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:31

DOCUMENT # P94000013339 (4)

1. Corporate Name
BAYSHORE COMANCHE FLYERS, INC.

Principal Place of Business
5503 W WATERS AVE SUITE 505
TAMPA FL 33634

Mailing Address
5503 W WATERS AVE SUITE 505
TAMPA FL 33634

(CHECK WHEN DOCUMENT)

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City, Zip Code
23
24 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City, State
28
29 30

4. FEI Number: 65-0473856
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. Does corporation has liability for affirmative action under 440.02 Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BRAAKSMA, HAROLD
5503 W WATERS AVE SUITE 505
TAMPA FL 33634

10. Name and Address of New Registered Agent

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 Section 607.0505, and 607.0506 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 I accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BRAAKSMA, HAROLD |
| STREET ADDRESS | 5503 W WATERS AVE SUITE 505 |
| CITY, ST, ZIP | TAMPA FL 33634 |
| TITLE | VD |
| NAME | HICKS, DAVID W |
| STREET ADDRESS | 5503 W WATERS AVE SUITE 505 |
| CITY, ST, ZIP | TAMPA FL 33634 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
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| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

| | |
|---|---|
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
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| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental 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 on the roster of officers or directors or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: Harold Braaksma 4-24-95 813-888-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002318 CP