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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000023599 (1)**

1. Corporation Name
BIMINI ISLAND AIR, INC.

Principal Place of Business	Mailing Address
602 EAST CENTRAL BLVD. ORLANDO FL 32801	602 EAST CENTRAL BLVD. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: n/a

2. Principal Place of Business
21: 5500 N.W. 21st Terr
Suite, Apt.: 22: Hangar 16
City & State: 23: Ft. Lauderdale, FL
Zip: 24: 33309 Country: 25: USA

2a. Mailing Address
26: 5500 N.W. 21st Terr.
Suite: 27: Hangar 16
City & State: 28: Ft. Lauderdale, FL
Zip: 29: 33309 Country: 30: USA

4. FEI Number: ☒ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, CHARLES E
602 EAST CENTRAL BLVD.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Michael J. O'Brien
82 Street Address (P.O. Box Number is Not Acceptable): 5500 N.W. 21st Terr
83: Hangar 16
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: Michael J. O'Brien (Required) NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Director	11 TITLE	☐ Change ☐ Addition
NAME	Michael J. O'Brien	12 NAME	
STREET ADDRESS	5500 N.W. 21st Terr. #16	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	14 CITY-ST-ZIP	
TITLE	Secretary & Director	21 TITLE	☐ Change ☐ Addition
NAME	John C. Byers	22 NAME	
STREET ADDRESS	5500 N.W. 21st Terr . #16	23 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	24 CITY-ST-ZIP	
TITLE	Treasurer & Director	31 TITLE	☐ Change ☐ Addition
NAME	Elaine F. Byers	32 NAME	
STREET ADDRESS	5500 N.W. 21st Terr #16	33 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6/12

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)(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: Michael J. O'Brien 4-25-95 (305) 938-8991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053800 CP