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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000023599 (1)

BIMINI ISLAND AIR, INC.

Principal Place of Business

Mailing Address

## FILED May 15 1998 8:00am Secretary of State



5500 NW 21ST TERR 4922 DYER BLVD. HANGAR 16 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 03/28/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1625 W. Commercial Blud 26 401 Northlake Blud 65-0688951 Not Applicable \$B.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BYERS, JOHN C 4922 DYER BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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 im familiar with, and agreet the obligations of Section 607.0505, Florida Statutos. SIGNATURE FICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE O'BRIEN, MICHAEL J NAME **1.2 NAME 5500 NW 21ST TERR #16** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33309 1.4 CITY-ST-ZIP CITY-ST-ZIP SD DELETE 2.1 TITLE ☐ Change Addition TITLE BYERS, JOHN C NAME 2.2 NAME 5500 NW 21ST TERR #16 STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 1ITUE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby 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.