

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000031521 (5)

1. Corporation Name:

GOLDSTAR AIR, INC.

Principal Place of Business:

**349 SEQUOIA LANE
BOCA RATON FL 33487**

Mailing Address:

**349 SEQUOIA LANE
BOCA RATON FL 33487**

**APPROVED
AND
FILED**

1995 MAY -1 AM 11: 55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**900001461225.8
-05/10/95 -01020 -015
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

N/A

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNDT, DANIEL J
349 SEQUOIA LANE
BOCA RATON FL 33487**

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 (typed or printed name of registered agent and the agent's address)

(If Not Registered Agent, signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BERNDT, DANIEL J**
STREET ADDRESS **349 SEQUOIA LANE**
CITY, ST, ZIP **BOCA RATON FL 33487**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **D**
NAME **HOGAN, GARY**
STREET ADDRESS **249 CENTER ST. APT. 1A**
CITY, ST, ZIP **JUPITER FL 33458**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **D**
NAME **CLARK, DAVID**
STREET ADDRESS **105 PINE LANE**
CITY, ST, ZIP **ROYAL PALM BEACH FL 33411-8688**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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)(b), Florida Statutes. I further certify that the information contained 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:

Daniel J. Berndt
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

4-28-95 407-997-0355
Date Signature (Phone #)