SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049340 (0)**

1. Corporation Name

AIRROAD, INC.

Principal Place of Business	Mailing Address
2457-A SOUTH HIAWASSEE RD. SUITE 274 ORLANDO FL 32835	2457-A SOUTH HIAWASSEE RD. SUITE 274 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Street Address, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | County — 25:

2a. Mailing Address — 26:
Street Address, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: | County — 30:

4. FEI Number: **59-3289673** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

D'AMORE, WENCHE
2457-A SOUTH HIAWASSEE RD.
SUITE 274
ORLANDO FL 32835

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 607.0502 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: _____ (Typed or printed name of registered agent and title if a corp.) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. Add, Change, or Delete Officers, Directors, or Agents	
12	PD	11 TITLE	☐ Change ☐ Addition
12	SUTTA, MARTHA L	12 NAME	
12	2457-A SOUTH HIAWASSEE RD., #274	13 STREET ADDRESS	
12	ORLANDO FL 32835	14 CITY ST ZIP	
12	STD	21 TITLE	☐ Change ☐ Addition
12	D'AMORE, WENCHE	22 NAME	
12	2457-A SOUTH HIAWASSEE RD., #274	23 STREET ADDRESS	
12	ORLANDO FL 32835	24 CITY ST ZIP	
12		31 TITLE	☐ Change ☐ Addition
12		32 NAME	
12		33 STREET ADDRESS	
12		34 CITY ST ZIP	
12		41 TITLE	☐ Change ☐ Addition
12		42 NAME	
12		43 STREET ADDRESS	
12		44 CITY ST ZIP	
12		51 TITLE	☐ Change ☐ Addition
12		52 NAME	
12		53 STREET ADDRESS	
12		54 CITY ST ZIP	
12		61 TITLE	☐ Change ☐ Addition
12		62 NAME	
12		63 STREET ADDRESS	
12		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is absolutely 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 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 in Block 12 or Block 13 if changed or added on the attachment with an address.

SIGNATURE: Martha L. Sutta MARTHA L. SUTTA, PRESIDENT 6/15/95 (407) 352-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014744 CR