SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000052444 (4)**

1. Corporation Name
AIRPORT MOTORS, INC.

Principal Place of Business	Mailing Address
~~4900 D NE 11 AVE.~~ ~~OAKLAND PARK FL 33334~~	~~4900 D NE 11 AVE.~~ ~~OAKLAND PARK FL 33334~~

3. Date Incorporated or Qualified: **07/12/1994**
3a. Date of Last Report: **10/27/1995**

2. Principal Place of Business
21: 1918 NW 54th Ave
22: Suite, Apt. #, etc.
23: City & State: MARGATE FL
24: Zip: 33063 25: Country

2a. Mailing Address
26: 901 PALMETTO DR
27: Suite, Apt. #, etc.
28: City & State: Coconut Creek
29: Zip: 33067 30: Country

4. FEI Number: **65-0503227** ☐ 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

~~GALLAGHER, KATHLEEN~~
~~4900 D NE 11 AVE.~~
~~OAKLAND PARK FL 33334~~

10. Name and Address of New Registered Agent

81 Name: GALLAGHER KATHLEEN
82 Street Address (P.O. Box Number is Not Acceptable): ~~4900 D NE 11 AVE~~ 901 PALMETTO DR
83
84 City: COCONUT CREEK **FL** 85 Zip Code: 33066

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: Kathleen A Gallagher 8/7/96
Signature, type or printed name of registered agent and the title if applicable (NOTE: Registered Agent signature required if Amended filing) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GALLAGHER, KATHLEEN	
STREET ADDRESS	4900 D NE 11 AVE.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.	☒ Change ☐ Addition
12 NAME	GALLAGHER, KATHLEEN	
13 STREET ADDRESS	901 PALMETTO DR	
14 CITY-ST-ZIP	COCONUT CREEK FL 33066	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen A Gallagher 8/7/96 954-942-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0082915 CP