

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000094221 (6)

1. Corporation Name

SKY VALET GROUND HANDLING SERVICES, INC.



Principal Place of Business

5823 LAKE WORTH ROAD  
SUITE 150  
LAKE WORTH FL 33463

Mailing Address

5823 LAKE WORTH ROAD  
SUITE 150  
LAKE WORTH FL 33463

2. Principal Place of Business

2a. Mailing Address

21 3281-B LAKE WORTH RD

26 3281-B LAKE WORTH RD

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 LAKE WORTH, FL

28 LAKE WORTH, FL

Zip

Zip

25 USA

29 33461

30 USA

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0548222

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

10. Name and Address of New Registered Agent

BELSON, STEVEN A  
5823 LAKE WORTH ROAD  
SUITE 150  
LAKE WORTH FL 33463

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 corporation

(If Other) Registered Agent Signature typed or printed name

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PHILLIPS, STEPHEN F  
CITY-ST-ZIP 5823 LAKE WORTH RD. SUITE 150  
LAKE WORTH FL 33463

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PHILLIPS, JUDITH C  
CITY-ST-ZIP 5823 LAKE WORTH RD. SUITE 150  
LAKE WORTH FL 33463

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DESNOYERS, MARC  
CITY-ST-ZIP 5823 LAKE WORTH RD. SUITE 150  
LAKE WORTH FL 33463

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS NORRIS, DAVID  
CITY-ST-ZIP 5823 LAKE WORTH RD. SUITE 150  
LAKE WORTH FL 33463

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE:

Judith C. Phillips - Judith C. Phillips 2/2/96 407-439-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #