FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000020075 (4)**

1. Corporation Name
AIRPORT TAXI, INC.

Principal Place of Business
P.O. BOX 2538
FORT MYERS BEACH FL 33932

Mailing Address
P.O. BOX 2538
FORT MYERS BEACH FL 33932

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business
21 FT. MYERS, FLA.
Suite, Apt. #, etc.
22
City & State
23 FT. MYERS Beach, FLA.
Zip 24 33932
Country 25 USA LEE

2a. Mailing Address
26 P.O. Box 2538
Suite, Apt. #, etc.
27
City & State
28 FT. MYERS Beach, FLA.
Zip 29 33932
Country 30 USA LEE

4. FEI Number: 65-0631265 — 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
FERNANDEZ & WOLFENDALE
2526 SECOND ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name: SAME
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 title if applicable — Title of Registered Agent's position representative relating — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	POELKER, JAMES M	
STREET ADDRESS	P.O. BOX 2538 (N/A)	
CITY-ST-ZIP	FT MYERS BEACH FL 33932	
TITLE	DVS	☐ DELETE
NAME	MANSUR, JUDITH	
STREET ADDRESS	P.O. BOX 2538 (N/A)	
CITY-ST-ZIP	FT MYERS BEACH FL 33932	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: JM Poelker JAMES M. POELKER — 5/1/96 — 941-267-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)