

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra R. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021824 (4)

1. Corporation Name

COBEN-AIR, INC.



Principal Place of Business

100 AIRPORT AVE.  
VENICE FL 34285

Mailing Address

100 AIRPORT AVE.  
VENICE FL 34285

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TOWERY, JERREL E  
333 S. TAMiami TRAIL  
SUITE 291  
VENICE FL 34285

3. Date Incorporated or Qualified  
03/17/1995

3a. Date of Last Report

4. FEI Number

Applied For  
New Applicant

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. 199.042  
Florida Statutes ☐ Yes ☐ No

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 Sections 607.02 and 607.03, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.02 and 607.03, Florida Statutes.

SIGNATURE

12.

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

D  
BRADLEY, BEN R  
P.O. BOX 129 (N/A)  
VENICE FL 34284

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

D  
JACOB, COY G  
321 SUNRISE DR.  
NOKOMIS FL 34275

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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CITY, ST, ZIP

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13.

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

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10. NAME  
11. STREET ADDRESS  
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13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

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 disclosed on this 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 of this report. I have an office with an address.

SIGNATURE: *BRB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. BEN R. BRADLEY III

PRES/3/29/96

941-488-1844

484-0801

\$ 208.75  
\$ 208.75

CR2E034 (12/95)