FIL	E NOW: FILI	NG FEE AFTE	R MAY 1 IS	\$225.00		
COF	PROFIT RPORATION JAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS			
	MENT#	9500002	9402 (1)		•	
1, Corporatio	ri Name 60 AIR INCORPO		• • •			
LL 100	OU AIR INCOMPO	MATEU			A NACHTAGA DIN PATAR ARIAH NAGAR NAGAR	lähin kalik iikas ikan dista kalin isak häne
Principal Place of Business 2200 CORPORATE BLVD SUITE 210 BOCA RATON FL 33431		22 St	Mating Andress 2200 CORPORATE BLVD SUITE 210 BOCA RATON FL 33431		, resistati ne sesei esiti delit esiti e	16111 66146 11010 1911 61011 8911 1 (191 (19 1)
	•				3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report
	lace of Business	2a. N	Mailing Address		4. FEI Number	Applied For
Suite, Apt	# 012	26			65-05753	Not Applicable
22 Suite, Apr	#, etc.	27	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & State	9	(Dity & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Coun	28			Trust Fund Contribution	Added to Fees
24	25	29	(if)	Country	8. This corporation has liability for in Florida Statutes	
	9. Name and Add	ress of Current Registe			10. Name and Address of New Re	
CORPO	DATION INCODMAT	ION SERVICES, INC.		81 Nanie	Timothy J. Wat	<u>. 1</u>
1201 H/		IUN SERVICES, INC.		82 Street Ac	dress (P.O. Box Number is Not Acceptable	<u>)</u>
	ASSEE FL 32301			83	our so so st	
•				84 City		OF 20 Code
14 Purcupat	to the provisions of Cos	1000 607 0500 and 667	IFOC EVILLO		ora Raton	FL 533486
or register	ed agent or both, in the the and accept the oblid	e State of Floridal Such o pations of, Section 607.05	1508, Fiorida Statutes, t Pange was authorized h	he above named corp by the curporation's b	noration submits this statement for the purp oard of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
CIONATUO	and accept the object) 1 dikua Statutes		Y,	130196
	Skippet in typed or partied sea	r O'rogistare Lajerta i ditte d'app		egetered Agent signali in requ	/	TOATE
12.	PTD	OFFICERS AND DIRECTO	DRS [] DECETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	WAHL, TIMOTHY	'L		1.2 NAME		Change Addition
STREET ADDRESS		TE BLVD SUITE 210		1.3 STREET ADDRESS		
CITY - ST - Z.P	BOCA RATON F	L 33431		1.4 CrTY - ST. ZiP		
TITLE			DELETE	2 1 THILE		Change Addition
NAME STREET ADDRESS				2 2 NAME		
CITY-ST-ZIP	ļ		,	2.3 STREET ADDRESS 2.4 City - St - Zip		
TITLE	·		DELETE	3 1 TITLE		Change Addition
NAME				32 NAME **	•	***
STREET ADDRESS				3.3 STHEFT ADDRESS		
COLY ST-ZIF			DELETE	3.4 CITY - ST ZIP 4.1 TITLE		Character C Marin
NAME			Direct	4 2 NAME		Change
STREET ADDRESS				4.3 STREET ADDRESS		
DITY-ST-ZIP				44 CITY - ST - Z P		
TITLE			☐ DELETE	5 1 TIFLE		Change Addition
NAME STREET ADDOCSS				5.2 NAME		
STREET ADDRESS CITY-ST-ZIP				5 3 STREET ADDRESS		
TITLE			DELETE	54 CHY - SI - ZIF € 1 THEE 1		Change Addition
NAME			_	62 NAME	40000186 -06/19/960104 ***200.00	68 04 5
STREET ADDRESS				6.3 STREET ADDRESS	-U5/19/950104	HU25 /
CITY - ST - ZIP				6.4 CITY+ST-2IP	<u> </u>	(1)2

City-St-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarly furnished and does not qually 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 attrachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

407 994-2100

CR2E034 (12/95)