

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000037882 (4)

1. Corporation Name

SOUTHERN CROSS AIR OF PALM BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 212 N US HWY ONE SUITE 16 TEQUESTA FL 33469 US		Mailing Address 212 N US HWY ONE SUITE 16 TEQUESTA FL 33469 US		3. Date Incorporated or Qualified 05/12/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0597967	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MALLORY, EARL K 340 ROYAL PALM WAY, STE. 100 PALM BEACH FL 33480				10. Name and Address of New Registered Agent	
				81 Name Eugene W. Murphy, Jr.	
				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 provisions of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>Eugene W. Murphy, Jr.</i>				DATE 3/13/98	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		VSD		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		ABDELLA, LEO F			
STREET ADDRESS		18552 SE HERITAGE DR.			
CITY-ST-ZIP		TEQUESTA FL			
TITLE		PD		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		EATON, TIMOTHY J			
STREET ADDRESS		18349 SE HERITAGE DR			
CITY-ST-ZIP		TEQUESTA FL			
TITLE		TD		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HODGE, BRUCE A.			
STREET ADDRESS		3308 ORANGE BLOSSOM CT.			
CITY-ST-ZIP		PALM BCH GARDENS FL			
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)

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