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PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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P95000044063 (2) DOCUMENT #

DANMARK AIR, INC.

Principal Place of Business Mailing Address 3300 UNIVERSITY DR 2255 GLADES ROAD SUITE 408 SUITE 301E CORAL SPRINGS FL 33065 BOCA RATON FL 33431-7383 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2255 Glades Proad 65-0664281 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees ZID Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KODSI & EISENSTEIN, P.A. 81 Name 701 WEST CYPRESS CREEK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 FT. LAUDERDALE FL 33309 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELETE ___ Addition Title 1.1 TITLE Change KODSI, DANIEL NAME 1.2 NAME 3300 UNIVERSITY DR SUITE 408 STREET ADDRESS **13 STREET ADDRESS** CORAL SPRINGS FL 33065 CITY-ST-7:P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition ROSS, MARK NAME 2.2 NAME 3300 UNIVERSITY DR SUITE 408 STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 51 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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 apport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brook 12 or Place 12 or place 13 collapsed, or an attachment with an address.

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZE

CITY-ST-7:P TITLE

DELETE

Feb 19 1997 8:00am Secretary of State

Change

Addition

FILED