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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF S

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050941 (0)

ISLAND AIR TAXI, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address							l ira f
14812 BALGOWEN ROAD 14812 BALGOWEN ROAD							
MIAMI LAKES I	FL 33016	MIAMI LAKES FL 33016-6	407				
					3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Repo	ort
 3	lace of Business	2a. Mailing Address			4. F[] Number	Applic	ed For
Sulla Ant H ata		26 Suite, Apt. #, etc.		NOT APPLICABLE Not Appl			
Sulte, Apt. #, etc.				5. Certificate of Status Desired Section Secti			
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 Ma	
23		28			Trust Fund Contribution	Added to F	
Zip	Country	Zip Country		У	8. This corporation has liability for intangible tax under s. 199.03?		
24	25 29 29 Name and Address of Current Registered A		[30]		Florida Statutes Yes M No 10. Name and Address of New Registered Agent		
WHI	TLEY, ADAM	t riogiotored rigoti	81	Name	IV. Name and Address of Roll He	Jacobu Agent	
14812 BALGOWEN ROAD			82	Stroot Add	s (P.O. Box Number is Not Acceptable)		
MIAI	MI LAKES FL 33016		02	SHOOL ACIO	Bee (1.0. Flox normal is not noteptable)		
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,			84	City	77 x 9. (4 x 4	85 Zip Cod	de
dd Director	to the provisions of Coolings COZ OJ O	n and cost tracit lasts form		1	ent desperate de la seria de la companya de la companya de la comp	FL T	
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accopt the obliga	of Florida: Such change was itions of, Section 607.0505, Fl	authorized b lorida Statute	y the corpora is.	poration submits this statement for the p ition's board of directors. Thereby accep	it the appointment as reg	jistered
12,	Signature typed or printed name of registered age OFFICERS ANI		II Hegistered Ap	iont signature requ	ired when renstating)	DATE	
TITLE	D OF TICK HS AND	DITTE	1.1 101.E	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Addition
NAME	WHITLEY, ADAM		1,2 NAME				
STREET ADDRESS	14812 BALGOWEN ROAD		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016	en en gamagne en en	1.4 CITY	S1-7IP			
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS CITY-ST-ZIP				I ADDRESS			
TITLE	DELETE		2. 4 CITY - 3.1 TITLE	Change		Change	Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u></u>	3.4 CITY-	S1-ZIP			
TITLE		☐ DELFTE	4.1 T(7LE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-1	ST - Z)i'		Change [Addition
NAME		El birrit	5.1 THE 5.2 NAME			Lar Onlinge La	, AUGINOT
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CHY- 3				
TITLE			6.1 THLE			Change	Addition
NAME			6 2 NAME				

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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 19 in anged, or on an attachment with an address

6.3 STHELL ADDRESS