

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90066 029 \*\*\*150.00

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DOCUMENT # P95000067867

1. Corporation Name

CAPITAL CARGO INTERNATIONAL AIRLINES, INC.

Principal Place of Business

8963 TRADEPORT DRIVE  
ORLANDO FL 32827-5363  
US

Mailing Address

P.O. BOX 622334  
ORLANDO FL 32862-2334  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

59-3338116

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6200 Hazeltine Natl Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 6200 Hazeltine Natl Drive  
Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32822

Country

Zip

29 32814

Country

30

9. Name and Address of Current Registered Agent

HARRIS, MARSHALL S  
255 SOUTH ORANGE AVENUE  
SUITE 800  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Fox, Peter F.

82 Street Address (P.O. Box Number is Not Acceptable)

6200 Hazeltine National Drive

83

84 City

Orlando

FL

85 Zip Code

32814

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME HARRIS, MARSHALL S  
STREET ADDRESS 390 N ORANGE AVE SUITE 100  
CITY-ST-ZIP ORLANDO FL

TITLE PT ☐ DELETE

NAME FOX, PETER F.  
STREET ADDRESS 8963 TRADEPORT DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME GREENE, CHARLES S.  
STREET ADDRESS 8963 TRADEPORT DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6200 Hazeltine National Drive  
Orlando FL 32814

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6200 Hazeltine National Drive  
Orlando FL 32814

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Correia, David E.  
6200 Hazeltine National Drive  
Orlando FL 32814

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-855-2004

CR2E034 (11/98)