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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

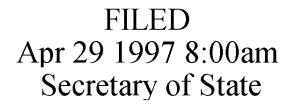
## POCUMENT # P95000093008 (7)

AUTHORIZED AIR OF CENTRAL FLORIDA, INC.

Principal Place of Busine	os.
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Mailing Address

853 WATERWAY PLACE





LONGWOOD FL 32750 LONGWOOD FL 32750-3563					
				3. Date Incorporated or Qualified 12/05/1995	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address	FIG. (4.14.44 B). (4.44.44 B).	4. FEI Number	Applied For
21 / 7/	2 N. CR427	26 1712 N. C.	242)	59-3352263	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Statos Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
	WOOD FL	28 LONGWOOD	FL	Trust Fund Contribution	Added to Fees
Zip	Country 4,5A	Zip	Country 45A	8. This corporation has liability for i	
24 32	350 26 SENHADLE		0 5-		Yes 🔀 No
201	9, Name and Address of Current	Hegistered Agent	B1 Name	10. Name and Address of New Re	gistered Agent
	BOLEWSKI, LUCIEN F III		B1 Name	CIEN F SOBOL	EWSILI 14
	WATERWAY PLACE		82 Street Addr	ress (P.O. Box Number is Not Acceptab	te)
	TE 141		00 1 1 1	2 NORTH CRY	2 >
LOP	NGWOOD FL 32750		83		
			84 City /	2116 /220	85 Zip Code
44 Discounsed	10 th	1.002.4500.51.11.51		ONFWOOD	- ドレートスング (クー)
office or r	registered agent, or both, in the State of	and 607.1508, Florida Statutes if Florida. Such change was au	i, the above-named corp thorized by the corporat	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing its registered It the appointment as registered
agent. ra	im lamiliar with, and accept the obligat	ions of, Section 607,0505, Fiori	oacstatutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE)	Hegistered Agent signature requir	FARNK SODO PRICEY/>	3/15 >
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D COROLENOVI ALIONALE III	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOBOLEWSKI, LUCIEN F III	444	1.2 NAME		
STREET ADDRESS	853 WATERWAY PLACE SUITE	141	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750	Finere	1.4 CITY - ST - ZIP		
\$ITLE		DELETE	E 2.1 TIDLE		☐ Change ☐ Addition
NAME			2.2 NAME		j
STREET ADDRESS			2.3 STREET ADDRESS	. ***	. A
CITY-ST-ZIP		Deleta	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP		ALPRO-
NAME		C Dettie	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	<del></del>	Change Addition
NAME		€ nrecit			☐ Change ☐ Addition
			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change
		L. DELCTE	6.1 TITLE		L.] Change L. Addilion
NAME CYCCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY - S1 - Z/P		

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 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 mame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Allie L