

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094620 (8)

1. Corporation Name

CHALK'S AIR BRIDGE, INC.

Principal Place of Business

Mailing Address

230 FIFTH STREET  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

65-0650626

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

EBIN, LINDA  
1399 S.W. FIRST AVENUE  
SUITE 400  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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 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 VSTD  
NAME WESTON, ANDREW R  
STREET ADDRESS 2333 PONCE DE LEON BLVD., PH 400  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

TITLE V  
NAME JONES, WILLIAM J  
STREET ADDRESS CHALK'S TERMINAL  
CITY-ST-ZIP WATSON ISLAND FL 33131 ☒ DELETE

TITLE D  
NAME SLAGLE, CHARLES F  
STREET ADDRESS 320 DOCK ST., STE 222  
CITY-ST-ZIP KETCHIKAN AL 99901 ☒ DELETE

TITLE D  
NAME HICKMAN, TERRANCE  
STREET ADDRESS 9300 NW 38TH STREET  
CITY-ST-ZIP MIAMI FL 33178 ☒ DELETE

TITLE D  
NAME ROBINS, CRAIG  
STREET ADDRESS 230 FIFTH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
O PATRICIA LONG  
1000 MAC ARTHUR CAUSEWAY  
MIAMI, FLORIDA 33132 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D BRUCE MANSFIELD  
1000 MAC ARTHUR CAUSEWAY  
MIAMI, FLORIDA 33132 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
P WILLIAM JONES  
1000 MAC ARTHUR CAUSEWAY  
MIAMI, FLORIDA 33132 ☐ Change ☒ Addition

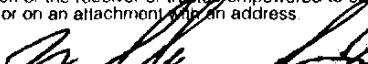
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 to this report.

SIGNATURE:

 4-30-98

CR2E034 (10/97)