

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000022462

1. Entity Name
TRYKAP AIRPORT SERVICES, INC.



FILED

04 MAY 21 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 22749
LAKE BUENA VISTA, FL 32830 US

Mailing Address
ONE RIVERWAY, STE 500
HOUSTON, TX 77056 US

2. Principal Place of Business
4950 McLEOD RD.

3. Mailing Address
c/o AMERICAN COACH LINES
Suite, Apt. #, etc.
705 LIVELY AVENUE

05192004 Chg-P CR2E034 (10/03)

City & State
ORLANDO, FL

City & State
NORCROSS, GA

Zip
32811

Country

Zip
30071

Country

4. FEI Number
59-3390732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

200036992362

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	ACS	<input checked="" type="checkbox"/> Delete
NAME	ROSECRANS, SHAYNE A	
STREET ADDRESS	ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON, TX 770561903	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID	
STREET ADDRESS	ONE RIVERWAY STE 500	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	LONGO, ROBERT E	
STREET ADDRESS	ONE RIVERWAY, SUITE 500	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, LINDA	
STREET ADDRESS	ONE RIVERWAY, SUITE 500	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM CALLUP	
STREET ADDRESS	4950 McLEOD RD.	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK KONITTINEN	
STREET ADDRESS	220 S. DIXIE HIGHWAY - SUITE 2	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL C. LEE	
STREET ADDRESS	780 THIRD AVENUE, 40th FL	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE J. HENRY	
STREET ADDRESS	780 THIRD AVENUE, 40th FL	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BERGSTROM	
STREET ADDRESS	705 LIVELY AVENUE	
CITY-ST-ZIP	NORCROSS, GA 30071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS H. BAGIN	
STREET ADDRESS	780 THIRD AVENUE, 40th FL	
CITY-ST-ZIP	NEW YORK, NY 10017	

12. 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 report or supplemental 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 10 or Block 11 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

GEORGE J. HENRY

05.19.04

(212) 319-3633

Date

Daytime Phone

272

ADDITIONAL DIRECTORS

D
OTTAVIO SERENA
780 THIRD AVENUE, 40th FL
NEW YORK, NY 10017

D
CHRISTOPHER F. CARMEL
780 THIRD AVENUE, 40th FL
NEW YORK, NY 10017

D
JOSEPH VITTORIA
780 THIRD AVENUE, 40th FL
NEW YORK, NY 10017



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 668211 7266721

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : May 20, 2004

ORDER TIME : 9:45 AM

ORDER NO. : 668211-015

CUSTOMER NO: 7266721

CUSTOMER: Ms. Julie Mendoza
Pitney, Hardin, Kipp & Szuch
685 Third Avenue

New York, NY 10017

ANNUAL REPORT FILING

NAME: TRYKAP AIRPORT SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY 21 AM 10:35
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA