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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000030002 (5)**

1. Corporation Name
COMBINED AIRWAYS, INC.

Principal Place of Business	Mailing Address
ORLANDO SANFORD AIRPORT ONE RED CLEVELAND BLVD.. STE. 201 SANFORD FL 32773	ORLANDO SANFORD AIRPORT ONE RED CLEVELAND BLVD.. STE. 201 SANFORD FL 32773-6844

3. Date Incorporated or Qualified: 04/04/1996
3a. Date of Last Report:

2. Principal Place of Business
21 ORLANDO SANFORD AIRPORT
Suite, Apt. #, etc. 22 TWO RED CLEVELAND BOULEVARD SUITE 207.
City & State 23 SANFORD FLORIDA.
Zip 24 32773 Country 25 USA.

2a. Mailing Address
26 ORLANDO SANFORD AIRPORT
Suite, Apt. #, etc. 27 TWO RED CLEVELAND BOULEVARD SUITE 207
City & State 28 SANFORD FLORIDA.
Zip 29 32773 Country 30 USA.

4. FEI Number: 59-3117860 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOWE, TIMOTHY B
ORLANDO SANFORD AIRPORT
ONE RED CLEVELAND BLVD., STE. 201
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name: HOWE, CHRISTINA I.
82 Street Address (P.O. Box Number is Not Acceptable): 7000 S.W. 113 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33156

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: Christina I. Howe, Director
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZEMBECK, JOHN A ONE RED CLEVELAND BLVD., STE. 201 SANFORD FL 32773	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SECRETARY & TREASURER WILLIAM HOWARD MACKINON ONE RED CLEVELAND BLVD SUITE 210 SANFORD FLORIDA 32773	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWE, TIMOTHY B ONE RED CLEVELAND BLVD., STE. 201 SANFORD FL 32773	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D HOWE, CHRISTINA I. 7000 S.W. 113 TERRACE MIAMI, FLORIDA 33156	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARREITER, RICHARD AIRLINE MANAGEMENT HOLDINGS LTD. CRAWLEY, WEST SUSSEX, UK	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT & DIRECTOR.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 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 added on an attachment with an address.

SIGNATURE: RICHARD HARREITER 1/10/97 407 328 7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A044