

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
10/2

97 SEP 17 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000075358 (7)**

1. Corporation Name
ATLANTIC-GULF AIRWAYS, INC.

Principal Place of Business
**3700 GALT OCEAN DRIVE #1611
FT LAUDERDALE FL 33308**

Mailing Address
**3700 GALT OCEAN DRIVE #1611
FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 750 SW 34 street Suite, Apt. #, etc. 22 Suite 210 City & State 23 Fort Lauderdale FL Zip 24 33315		2a. Mailing Address 26 750 SW 34 street Suite, Apt. #, etc. 27 Suite 210 City & State 28 Fort Lauderdale FL Zip 29 33315 Country 30 U.S.A		3. Date Incorporated or Qualified 09/09/1996		3a. Date of Last Report	
				4. FEI Number 65-0769919		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NEVITE, RICHARD 3700 GALT OCEAN DRIVE #1611 FT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name Foster, Ramona P. 82 Street Address (P.O. Box Number is Not Acceptable) 750 SW 34 street 83 Suite 210 84 City Fort Lauderdale 85 Zip Code FL 33315			
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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  **Ramona P. Foster** President **9/16/1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.1 TITLE				P.T.S.D			
1.2 NAME				Ramona P. Foster			
1.3 STREET ADDRESS				750 SW 34 street Suite 210			
1.4 CITY-ST-ZIP				Fort Lauderdale FL 33315			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				600002298296--5			
2.2 NAME				-09/19/97--01089--006			
2.3 STREET ADDRESS				****165.00 ****165.00			
2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.1 TITLE							
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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 on an attachment with an address.

SIGNATURE  **Ramona P. Foster** President **9/16/97 305-824-3311**

CR2E034 (4/97)

ATLANTIC GULF AIRWAYS INC

pg. 2 of 2



September 16, 1997

Annual Report Filings
Divisions of Corporations
409 East Gaines street
Tallahassee, Fl 32399

Attn: Amy Allan

Dear Madam,

In reference to our telephone conversation with you this morning. We purchased this company on June 20, 1997 and were told that all returns had been made to you. However, this week we discovered that was not the situation when we received from the previous owner the second notice request.

The return will be forwarded to you today with a fee of \$165 as discussed. We wish to thank you for all your assistance in this matter.

Yours Truly

Ramona P. Foster
President