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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075358 (7)

ATLANTIC-GULF AIRWAYS, INC.

## FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 750 S.W. 34 STREET 750 S.W. 34 STREET SUITE 210 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 3. Date Incorporated or Qualified 09/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0769919 1100 Lee Wagener BLVD 26 1100 Lee Wagener BLVD Not Applicable Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required <sup>27</sup> Suite\_110 Suite 110 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Fort Lauderdale, Fort Lauderdale, FL 8. This corporation owes or has paid the current year Intangible 33315 U.S.A. Personal Property Tax due June 30. Yes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOSTER, RAMONA P Foster, R. P.
Street Address (P.O. Box Number is Not Acceptable) 750 S.W. 34 STREET **B2 SUITE 210** 1100 Lee Wagener BLVD 83 FORT LAUDERDALE FL 33315 Suite 110 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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Fort Lauderdale, PIZET TO R

PROTEST Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PISD DELETE Change Addition TITLE PDST FOSTER, RAMONA P 1.2 NAME Foster, R. P. NAME 750 S.W. 34 STREET, STE. 210 1100 Lee Wagener BLVD STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33315 Suite 110 Fort Lauderdale, F 33315 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 211018 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-2(P Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP TITLE DFLETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 14. I horeby 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 received 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.

x DIRECTOR

4/29/98

305-532 1700