FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 09, 2000 8:00 am Secretary of State DOCUMENT # P96000099937 FLAMINGO AIR OF FLORIDA KEYS, INC. 02-09-2000 90081 001 ***150.00 and the contract of Principal Place of Business Mailing Address 77522 OVERSEAS HIGHWAY 165 NAUTILUS DRIVE ISLAMODORA FL 33036 ISLAMORADA FL 33036-4115 HS 82302. Principal Place of Business 3. Mailing Address 77522 OUCKSEA AU 77522 OVERSEAS H Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0713141 ISIAMORADA, FI 5/AMENLA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MUNROE Monkos 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, CARMEN M DELETE 165 NAUTHLUS DRIVE ISLAMORADA FL 33036 8. The above named entity submits this statement for the purpose ng its registered SIGNATUE FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ,Tax filing requirement and elects to do so. After MAY, 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE ☐ Change TITLE FISHER, CARMEN M NAME NAME STREET ADDRESS 165 NAUTILUS DRIVE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ISLAMORADA FL 33036 President + D onristopher R. Bond ☐ Addition Change ☐ Delete TITLE BOND, CHRIS R NAME NAME 77527 OUCESEAS HWY STREET ADDRESS STREET ADDRESS 181 E. CARROLL STREET ISTAMORADA, FLURIDA. 33036 CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 WEE PresideNT+0 ☐ Delete TITLE RICHARD BOND NAME BOND, RICK NAME 79522 OVERSEAS HWY STREET ADDRESS STREET ADDRESS 165 NAUTILUS DR" CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 TS / AMULADA) TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF UICE PRESIDENT-D Change GREGORY R. BOND GOOB C DURHAM DU LAKE WURTH, Fl. 3346 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP or does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ther like empowered.

I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a

PED OR MINTER NAME OF SIGNING OFFICER OR DIRECTO

of the corporation or the receiver or trustee

changed, or on an attachmen

SIGNATURE: _