

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S08046** (2)

1. Corporation Name

SKYPLAN AIRPORT SERVICES (USA), INC.



Principal Place of Business

Mailing Address

**700 S. ROYAL POINCIANA BLVD.
SUITE 502
MIAMI SPRINGS FL 33166**

**700 S. ROYAL POINCIANA BLVD.
SUITE 502
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/18/1990

3a. Date of Last Report

02/16/1995

4. FET Number

95-4333639

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

10. Name and Address of New Registered Agent

**MERCER, PAUL G.
700 S. ROYAL POINCIANA BLVD.
SUITE 502
MIAMI SPRINGS FL 33166**

81 Name

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

83

84 City

FL

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 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

Signature of the person who is authorized to sign this report on behalf of the corporation

(If the Registered Agent Signature is required, when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROBINSON, DOUGLAS	
STREET ADDRESS	221 SUNVALE CR., S.E.	
CITY, ST, ZIP	CALGARY, ALBERTA, CAN	
TITLE	S	☐ DELETE
NAME	SANDY, IVAN	
STREET ADDRESS	166 SPRINGWOOD DR., S.W.	
CITY, ST, ZIP	CALGARY, ALBERTA, CAN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	DOUGLAS ROBINSON	
13 STREET ADDRESS	1080 SUNVISTA ROAD S.E.	
14 CITY, ST, ZIP	CALGARY, ALBERTA, CANADA	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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, as changed, or on an attachment with an address.

SIGNATURE:

IVAN SANDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2/96

(800) 661-9189

Date

Telephone #

CR2E034 (12/95)