

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S22445** (8)

1. Corporation Name:

**FLORIDA AIRLINES, INC.**



Principal Place of Business

Mailing Address

% SHANN'S TAX SERVICE, INC.  
102 S.W. PISCES TERR.  
PORT ST. LUCIE FL 34984-4422

% SHANN'S TAX SERVICE, INC.  
102 S.W. PISCES TERR.  
PORT ST. LUCIE FL 34984-4422

3. Date Incorporated or Qualified **12/20/1990** 3a. Date of Last Report **02/02/1995**

4. FEI Number **65-0241961** 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

2. Principal Place of Business

2a. Mailing Address

21 **1586 SW BAYSHORE BLVD** 26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **PORT ST LUCIE FL 34983** 28

Zip

Country

Zip

Country

24 **USA** 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGGINS, JAMES S.  
2400 S. FEDERAL HWY.  
SUITE 400  
STUART FL 34994

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, type 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	PD	<input type="checkbox"/> DELETE
NAME	STUART, KEVIN	
STREET ADDRESS	9 NAUTILUS CRESENT	
CITY-ST-ZIP	ST HUBERTS ISL, AUSTRALIA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLEASDALE, DESMOND	
STREET ADDRESS	9 NAUTILUS CRESENT	
CITY-ST-ZIP	ST HUBERTS ISL, AUSTRALIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUART, GREGORY	
STREET ADDRESS	9 NAUTILUS CRESENT	
CITY-ST-ZIP	ST HUBERTS ISL, AUSTRALIA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STUART, GLYNIS	
STREET ADDRESS	9 NAUTILUS CRESENT	
CITY-ST-ZIP	ST HUBERT ISL, AUSTRALIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWRY, WILLIAM	
STREET ADDRESS	3330 NE INDIAN RIVER DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)