

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 # S34482

(7)

1. Corporation Name

TREASURE CAY AIR INC.



Principal Place of Business

C/O AFI, INC.
4830 W. KENNEDY BLVD., #830
TAMPA FL 33609

Mailing Address

C/O AFI, INC.
4830 W. KENNEDY BLVD., #830
TAMPA FL 33609

3. Date Incorporated or Qualified
02/27/1991

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 5835 Memorial Highway

Suite, Apt. #, etc.

22 Suite 18

City & State

23 Tampa, FL

Zip

24 33615

Country

25 USA

2a. Mailing Address

26 P. O. Box 261825

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33685

Country

30 USA

4. FEI Number
59-3051845

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AFI, INC.

~~4830 W. KENNEDY BLVD., #830~~

SUITE 1007

TAMPA FL 33609

81 Name

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

5835 Memorial Highway, Suite 18

83

84 City
Tampa,

FL

85 Zip Code
33615

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 typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KREIS, KLAUS

STREET ADDRESS ~~4830 W. KENNEDY BLV.~~

CITY-ST-ZIP TAMPA FL

TITLE VST ☐ DELETE

NAME BAGEARD, LYNNE K.

STREET ADDRESS 4830 W. KENNEDY BLVD

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

CITY-ST-ZIP

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

1 1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

5835 Memorial Highway, Suite 18

Tampa, FL 33615

2 1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

5835 Memorial Highway, Suite 18

Tampa, FL 33615

3 1 TITLE ☐ Change ☐ Addition

32 NAME

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 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 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

2/8/94

813-882-9533

Daytime Phone #

CR2E034 (12/95)