

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 # **S50457** (8)

1. Corporation Name

**CHEROKEE AIR, INC.**



Principal Place of Business

**4 EAST PORT ROAD  
SUITE 404  
RIVERA BEACH FL 33404  
US**

Mailing Address

**4 EAST PORT RD  
SUITE 404  
RIVERA BEACH FL 33404  
US**

3. Date Incorporated or Qualified  
**04/29/1991**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4 EAST PORT ROAD**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **404**

27

City & State

City & State

23 **RIVERA BEACH, FLA.**

28

Zip

Country

Zip

Country

24 **33404**

25

**US**

29

30

4. FEI Number

**65-0312772**

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

**ASPER, RICHARD A  
1485 N. E. 57TH CT.  
FT. LAUDERDALE FL 33334**

81 Name

**RICHARD A. ASPER**

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

**1485 N.E. 57th COURT**

83

**FORT LAUDERDALE**

84 City

**FLA.**

**FL**

85 Zip Code

**33334**

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

**Richard A. Asper**

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

**02/12/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>PD</b>			<input type="checkbox"/>
	<b>KOEPP, GLENN</b>			
	<b>4 EAST PORT ROAD ST3 404</b>			
	<b>RIVERA BEACH FL</b>			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Glenn Koepf**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 12, 1996 (809) 367-2597**

Date

Daytime Phone #

CR2E034 (12/95)