

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58341** (6)

1. Corporation Name

AIRFLY USA INTERNATIONAL INCORPORATED

Principal Place of Business

Mailing Address

**C/O ZEPHYRHILLS MUNICIPAL AIRPORT
P.O. BOX 1587
ZEPHYRHILLS FL 33539**

**C/O ZEPHYRHILLS MUNICIPAL AIRPORT
P.O. BOX 1587
ZEPHYRHILLS FL 33539**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1991

3a. Date of Last Report

05/11/1994

4. FEI Number

65-0273140

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 ZEPHYRHILLS AIRPORT

26 P O Box 1587

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ZEPHYRHILLS FL

City & State

28 ZEPHYRHILLS FL

Zip **24 33540**

Country **25 USA**

Zip **29 33539**

Country **30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORE, LOUISE ANN
34825 PROSPECT ROAD
DADE CITY FL 33525**

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, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	GORE, LOUISE ANN
STREET ADDRESS	34925 PROSPECT ROAD
CITY - ST - ZIP	DADE CITY FL
TITLE	PT
NAME	URE, FELIX CLIVE
STREET ADDRESS	34925 PROSPECT ROAD
CITY - ST - ZIP	DADE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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

CLIVE F URE

21 April 95 (904) 523 1556