FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED PROFIT Apr 22 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # V19987** (9)AIR SIDE COURIER, INC. Principal Place of Business Mailing Address 9025 BOGGY CREEK RD 9025 BOGGY CREEK RD STE #1 ORLANDO FL 32824-7716 ORLANDO FL 32824 3. Date incorporated or Qualified 3a. Date of Last Report 03/09/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3117047 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUGGLES, THOMAS W. **603 INDIAN ROCKS ROAD** Street Address (P.O. Box Number is Not Acceptable) 82 **BELLEAIR FL 34816** 84 Zip Code City 85 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, typical or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 13. DELETE Channe Addition THE 1.1 1010 OVERMYER, MARK 1.2 NAME NAMi 9025 BOGGY CREEK RD STE.#1 1.3 STREET ADDRESS STHEET ADDRESS ORLANDO FL 1.4 CITY - ST-ZIP CITY - \$1 - 21P ■ DELETE ☐ Change Addition 2.1 TITLE TILL 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CHY-S1-ZIE DELETE Change Addition 41 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CUTY - ST - 74P DELETE 5.1 TITLE [Change ☐ Addition TILLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY- ST-ZIP DELETE Change Addition HILE 6.1 TITLE 62 NAME MAM

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental minutal 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 attac

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY - S1 - ZF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR