

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000001728 (4)**

1. Corporation Name  
**RYAN AIR, INCORPORATED**



Principal Place of Business <b>1515 JET AVIATION BLDG. PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH FL 33406</b>	Mailing Address <b>1515 JET AVIATION BLDG. PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH FL 33406</b>
---	---

3. Date Incorporated or Qualified <b>10/29/1992</b>	3a. Date of Last Report <b>10/16/1995</b>
4. FEI Number <b>65-0373026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

**9. Name and Address of Current Registered Agent**

**GREEN, TIMOTHY W JR.  
500 E. BROWARD BLVD  
PENTHOUSE I  
FT. LAUDERDALE FL 33344**

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code <b>FL</b>
----------	--	-----	----------	---------------------------

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 date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PS GREEN, TIMOTHY W</b> <input type="checkbox"/> DELETE
NAME	<b>GREEN, TIMOTHY W</b>
STREET ADDRESS	<b>1515 JET AVIATION BLDG., PALM BEACH INT'L</b>
CITY- ST- ZIP	<b>WEST PALM BEACH FL 33344</b>
TITLE	<b>D (SP) HALLEY, FRANK M HALLEY</b> <input type="checkbox"/> DELETE
NAME	<b>HALLEY, FRANK M HALLEY</b>
STREET ADDRESS	<b>500 E BROWARD BLVD PH I</b>
CITY- ST- ZIP	<b>FT. LAUDERDALE FL 33391</b>
TITLE	<b>ST (SP) HALLEY, RANDALL HALLEY, RANDALL</b> <input type="checkbox"/> DELETE
NAME	<b>HALLEY, RANDALL HALLEY, RANDALL</b>
STREET ADDRESS	<b>9 VILLAGE CIRCLE, STE 540</b>
CITY- ST- ZIP	<b>ROANOKE TX</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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)(c), 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; the recorder 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

CR2E034 (12/95)