

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 9:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P93000052494 (0)**

1. Corporation Name

**ATLANTIC-GULFSTREAM AVIATION, INC.**

Principal Place of Business

Mailing Address

**309 SECOND ST.  
 LAGRANDE OR 97850**

**7255 SUNSET DR.  
 MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/19/1993</b>	3a. Date of Last Report <b>08/18/1994</b>
4. FEI Number <b>58-2068216</b>	Applying For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Extension of Report Filing <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for integration tax under s. 119.05, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. Mailing Address State, Apt. #, etc.
23. City & State	24. City & State
25. ZIP	26. ZIP

9. Name and Address of Current Registered Agent <b>CALLAWAY, MARY M 1600 N. PALAFOX ST. PENSACOLA FL 32501</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 607.0501, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	<b>D HANAN, ROY T 309 SECOND ST. LAGRANDE OR 97850</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
STREET ADDRESS		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
CITY & STATE	<b>P HANAN, SARA F 7255 SUNSET DR. MIAMI FL 33143</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
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		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.073, Florida Statutes. I further certify that the information is submitted in this annual report or supplemental annual report is true and was authorized that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 107, Florida Statutes, and that my name appears in the K-12 or Book 11 of charges, or on an attachment with an address.

SIGNATURE: *Sara F Hanan* 1 June 95 305-661-3050  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3-95)