

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 # **F95000002240 (8)**

1. Corporation Name
MAGIC CARPET AVIATION, INC.



Principal Place of Business: **7575 EAST FULTON ROAD ADA MI 49355**
Mailing Address: **7575 EAST FULTON ROAD ADA MI 49355**

2. Principal Place of Business: **7575 EAST FULTON ROAD ADA MI 49355**
2a. Mailing Address: **7575 EAST FULTON ROAD ADA MI 49355**
21. Suite, Apt. #, etc.:
22. City & State: **Tax Dept., FB-1V**
23. Zip: **49355** Country:
24. Zip: **49355** Country:

3. Date Incorporated or Qualified: **05/08/1995** 3a. Date of Last Report:
4. FEI Number: **38-3234550** Applied For: **XARRIED FOR X** 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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 is 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 607.0135, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCOB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ANDEL, JAY	1.2 NAME	
STREET ADDRESS	7575 EAST FULTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI 49355	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOS, RICHARD M JR	2.2 NAME	
STREET ADDRESS	7575 EAST FULTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI 49355	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSLOMIEC, JAMES J	3.2 NAME	
STREET ADDRESS	7575 EAST FULTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI 49355	3.4 CITY-ST-ZIP	
TITLE	SAT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, ALLAN D	4.2 NAME	
STREET ADDRESS	7575 EAST FULTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI 49355	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, KIM	5.2 NAME	
STREET ADDRESS	7575 EAST FULTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ADA MI 49355	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/S/AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 checked, or in an attachment with an address.

SIGNATURE: **Allan D. Engel, VP, Sec. & Ass't. Treas.** 4/24/96 (616)787-6000

CR2E034 (12/95)