

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

0556387

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90084 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004491
 1. Corporation Name
VALLEY AIR, INC.

Principal Place of Business 911 12TH STREET CODY WY 82414	Mailing Address 911 12TH STREET CODY WY 82414
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		08/07/1998		83-0322057		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75		Additional Fee Required	
22		27		<input type="checkbox"/>		5.00		May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing		Trust Fund Contribution		<input type="checkbox"/>	
23		28		7. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No	
Zip		Zip		Country		Country		24	
25		29		25		29		30	
34103		US		US		US		US	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PERKOVICH, JOSEPH I 3001 TAMIAMI TRAIL NORTH, SUITE 207 NAPLES FL 34103				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLIER, BARRON G II			1.2 NAME	Collier, Barron G II		
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH SUITE 207			1.3 STREET ADDRESS	3001 Tamiami Trail N, Suite 207		
CITY-ST-ZIP	NAPLES WY 34103			1.4 CITY-ST-ZIP	Naples, FL 34103		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, WILLIAM L			2.2 NAME			
STREET ADDRESS	1135 14TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CODY WY 82414			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKOVICH, JOSEPH I			3.2 NAME			
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, SUITE 207			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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			

14. I hereby certify 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 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, with all other like empowered.

SIGNATURE: Joseph I. Perkovich **4/27/99** **941-435-1122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)