

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H36634** (4)

1. Corporation Name
AIR GIANT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10: 01

Principal Place of Business Mailing Address
4700 SW 42ND TERRACE **4700 SW 42ND TERRACE**
FT LAUDERDALE FL 33314 **FT LAUDERDALE FL 33314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1985	3a. Date of Last Report 01/19/1994
4. FEI Number 59-2474658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

DI IOIA, DARLENE
4700 SW 42ND TERRACE
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI IOIA, DARLENE	1.2 NAME	
STREET ADDRESS	4700 SW 42ND TERRACE	1.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI IOIA, BRENDA	2.2 NAME	
STREET ADDRESS	4640 SW 42ND TERRACE	2.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	2.4 CITY ST ZIP	
TITLE	STD	3.1 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI IOIA, ANTHONY	3.2 NAME	
STREET ADDRESS	4700 SW 42ND TERRACE	3.3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DI IOIA, GEORGE JR.
STREET ADDRESS		4.3 STREET ADDRESS	4700 SW 42 TERRACE
CITY ST ZIP		4.4 CITY ST ZIP	FT. LAUDERDALE, FL 33314
TITLE		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		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 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)(b), 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.

SIGNATURE: *By Darlene Di Ioia*
BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-95 305-584-4830
Date License Number