

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36634** (4)
1. Corporation Name
AIR GIANT, INC.



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

3. Date Incorporated or Qualified: **01/01/1985**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-2474658**
Applied For: 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ DATE: _____
Signature of typed or printed name of registered agent, if that is applicable. (NOTE: Registered Agent signature required when reappointing.)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
 PD DELETE
 NAME: **DI IOIA, DARLENE**
 STREET ADDRESS: **4700 SW 42ND TERRACE**
 CITY-STATE-ZIP: **FT LAUDERDALE FL**
 TD DELETE
 NAME: **DI IOIA, BRENDA**
 STREET ADDRESS: **4640 SW 42ND TERRACE**
 CITY-STATE-ZIP: **FT LAUDERDALE FL**
 SD DELETE
 NAME: **DI IOIA, ANTHONY**
 STREET ADDRESS: **4700 SW 42ND TERRACE**
 CITY-STATE-ZIP: **FT LAUDERDALE FL**
 VP DELETE
 NAME: **IOIA, GEORGE J**
 STREET ADDRESS: **4700 SW 42 TERRANCE**
 CITY-STATE-ZIP: **FT LAUDERDALE FL**
 _____ DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 _____ DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-STATE-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-STATE-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-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)(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 changed, or on an attachment with an address.

SIGNATURE: *Darlene Di Ioia* President 1-26-96 (954) 584-4830
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #

CR2E034 (12/95)