

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

0099713

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000047054

1. Corporation Name
BOOMERANG AIR, INC.

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

99 APR 19 PM 2: 32



Principal Place of Business

**550 N REO STREET
 SUITE 204
 TAMPA FL 33609**

Mailing Address

**550 N REO STREET
 SUITE 204
 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

4. FFI Number

59-3191319

Applied For
 Not Applicable
\$8.75 Additional
 Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing
 Trust Fund Contributions

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BASHAM, ROBERT
 550 N. REO STREET
 SUITE 204
 TAMPA FL 33609**

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 agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and then if applicable

(P.O. Box is Applicable to this form only)

DATE

12. OF OFFICERS AND DIRECTORS

TITLE **D** [] DELETE
 NAME **BASHAM, ROBERT D**
 STREET ADDRESS **550 N. REO STREET, SUITE 204**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** [] DELETE
 NAME **GANNON, J T**
 STREET ADDRESS **550 N. REO STREET, SUITE 204**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE [] Change [] Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 41 TITLE [] Change [] Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE [] Change [] Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE [] Change [] Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

500002853465--4
 -04/27/99--01067--005
 ****150.00 ****150.00

B/K
 4/19/99

14. I hereby certify that the information supplied with this filing 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 with all other like empowered

SIGNATURE:

Robert D Basham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

813/2821215

CR2E034 (11/98)