

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 # 159456 (3)

1. Corporation Name
SOUTHERN AIR TRANSPORT, INC.



Principal Place of Business: 6355 NW 36TH ST.(VIRGINIA GDN.FL 33166) P.O. BOX 524093 MIAMI FL 33152
Mailing Address: 6355 NW 36TH ST.(VIRGINIA GDN.FL 33166) P.O. BOX 524093 MIAMI FL 33152 US

3. Date Incorporated or Qualified: 10/31/1949
3a. Date of Last Report: 06/16/1995
4. FEI Number: 59-0632783
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 2255 Kimberly Pkwy E, Suite, Apt. #, etc. 22 Columbus, OH 23 43232 USA
2a. Mailing Address: 26 P.O. Box 328988, Suite, Apt. #, etc. 27 Columbus, OH 28 43232 USA
29 43232 USA 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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
85 Zip Code: FL

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

Signature based on personal knowledge of the registered agent (if the registered agent) DATE
Signature of Registered Agent (signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BASTIAN, JAMES	
STREET ADDRESS	140 ARVIDA PARKWAY	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LANGTON, WILLIAM	
STREET ADDRESS	7022 GREENTREE LANE	
CITY-STATE-ZIP	MIAMI LAKES FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MASON, ROBERT H.	
STREET ADDRESS	8601 SW 163RD TERR.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MULLIGAN, DAVID	
STREET ADDRESS	7760 SW 181ST TERR.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EAKINS GARY	
STREET ADDRESS	10445 NW 46TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARTLEY, MICHAEL M.	
STREET ADDRESS	400 W. 44TH ST.	
CITY-STATE-ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	LANGOTN, WILLIAM
2.4 CITY-STATE-ZIP	7277 LITHOPOLIS ROAD GROVEPORT, OH 43125
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/T
3.3 STREET ADDRESS	PEART, J. ROBERT
3.4 CITY-STATE-ZIP	5667 MORLICH SQUARE DUBLIN, OH 43017
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	VAN GORDON, STEPHEN J.
4.4 CITY-STATE-ZIP	9058 EVERSOLE RUN ROAD PLAIN CITY, OH 43064
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/S
5.3 STREET ADDRESS	EAKINS, GARY
5.4 CITY-STATE-ZIP	7367 TOTTENHAM PLACE NEW ALBANY, OH 43054-9445
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	HARTLEY, MICHAEL M.
6.4 CITY-STATE-ZIP	7040 WYNFIELD DRIVE BLACKLICK, OH 43004

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:

Gary Eakins 1/31/96 614-751-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)