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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 483808

1. Corporation Name
AIR BOAT SERVICE, INC.

Principal Place of Business

Mailing Address

9092 NW S RIVER DR
BAY #56
MEDLEY FL 33166
US

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BAY #56
MEDLEY FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/03/1975	4. FEI Number 59-1621984	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. 1999 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A.
8000 PETERS ROAD
PLANTATION 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SWAIT, JOHN	1.2 NAME	SWAIT, John
STREET ADDRESS	19657 N.W. 62 AVENUE	1.3 STREET ADDRESS	5110 SW 201 Terrace
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	DAVIE, FL
TITLE	V	2.1 TITLE	
NAME	HOLEWINSKI, RODNEY	2.2 NAME	
STREET ADDRESS	14400 NE 4TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD
NAME	SWAIT, TRACY	3.2 NAME	SWAIT, TRACY
STREET ADDRESS	19657 NW 62ND AVE	3.3 STREET ADDRESS	5110 SW 201 Terrace
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	DAVIE, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Tracy Swait
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

305-884-6181

Daytime Phone #