

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

95 AUG 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 519908 (8)

1. Corporation Name

A.A. ADVANCE AIR INC.

Principal Place of Business

Mailing Address

A.A. ADVANCE AIR, INC.
1920 N. W. 32nd STREET
POMPANO BEACH, FLORIDA 33064

A.A. ADVANCE AIR, INC.
1920 N. W. 32nd STREET
POMPANO BEACH, FLORIDA 33064

3. Date Incorporated or Qualified

12-8-1976

3a. Date of Last Report

3/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1794957	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Burrow, Robert H.
6662 NW 98 Dr.
Parkland FL 33076

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	Burrow, Robert H.		
STREET ADDRESS	6662 NW 98 Dr.	13 STREET ADDRESS	
CITY-ST-ZIP	Parkland FL 33076	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
VD	Burrow, Carol S.		
STREET ADDRESS	6662 NW 98 Dr.	23 STREET ADDRESS	
CITY-ST-ZIP	Parkland FL 33076	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	32 NAME
STD	Drew, Robert A.		
STREET ADDRESS	7025 Pine Tree Lane	33 STREET ADDRESS	
CITY-ST-ZIP	Lake Clark Shores FL	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
D	Drew, Sheila J.		
STREET ADDRESS	7025 Pine Tree Lane	43 STREET ADDRESS	
CITY-ST-ZIP	Lake Clark Shores, FL	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Burrow

8/26/96

954-971-5801

CR2E034 (3/96)