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APPROVED AND FILED

1995 MAR 23 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sunshine Mountain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 550301

(6)

1. Corporation Name

ROBERSON AIR, INC.

Principal Place of Business

2045 BROWARD AVENUE
WEST PALM BEACH FL 33407

Mailing Address

2045 BROWARD AVENUE
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1977
3a. Date of Last Report 04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 59-1774000

Applied For
New Application

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. 199.052,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

JOHNSTON, HARRY A., II
2045 BROWARD AVENUE
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

(Register, typed or printed name of registered agent and the officer or director)

(Typed or printed name of registered agent and the officer or director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROBERSON, CLIVE E.
STREET ADDRESS 135 EL MIRASOL DR
CITY-ST-ZIP PALM BEACH FL

14 TITLE Change Addition
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP
18 CITY-ST-ZIP
90000 1439549
-03/24/95--01104--007
****200.00 ****200.00

TITLE VD
NAME ROBERSON, CAROLYN
STREET ADDRESS 135 EL MIRASOL DR
CITY-ST-ZIP PALM BEACH FL

19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

35 TITLE Change Addition
36 NAME
37 STREET ADDRESS
38 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 199.02(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 in person, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in any block indicated with an address.

SIGNATURE:

Clive Roberson

(Signature and typed or printed name of signing officer or director)

3/14/95

835-6868

(Name)

(Filing Number)