

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 # 553491 (2)

1. Corporation Name
FAST AIR SEA TRANSPORT, INC.



Principal Place of Business: 407 PONTE VEDRA BLVD, P O BOX 554, PONTE VEDRA BEACH FL 32082
Mailing Address: 407 PONTE VEDRA BLVD, P O BOX 554, PONTE VEDRA BEACH FL 32082 32004

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country
2a. Mailing Address: 26 P.O. Box 554
27 Suite, Apt. #, etc.
28 City & State: 28 PONTE VEDRA BEACH, FL
29 Zip: 29 32004
30 Country: 30 ST. JOHNS

3. Date Incorporated or Qualified: 12/09/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-2200686
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CLAUSS, JOHN W., 407 PONTE VEDRA BLVD, PONTE VEDRA BEACH FL 32082
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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when in block)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CLAUSS, JOHN W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSS, JOHN W.	1.2 NAME	
STREET ADDRESS	407 PONTE VEDRA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD CLAUSS, DORIS M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSS, DORIS M.	2.2 NAME	
STREET ADDRESS	407 PONTE VEDRA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DV CONSIDINE, ELAINE R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSIDINE, ELAINE R.	3.2 NAME	
STREET ADDRESS	73 CEDAR PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACANACK LAKE NJ	3.4 CITY-ST-ZIP	
TITLE	V TORRES, CARMEN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, CARMEN	4.2 NAME	
STREET ADDRESS	1508 74 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BERGEN NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Clauss Pres* 3/22/96 (904) 285-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CP2E034 (12/95)