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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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 P.O. BOX 554 P O BOX 554 PONTE VEDRA BCH FL 32004-0554 US
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3. Date Incorporated or Qualified 12/09/1977	3a. Date of Last Report 03/27/1996
4. FEI Number 22-2200686	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite Apt. #, etc. City & State Zip Country
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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 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAUSS, JOHN W.	
STREET ADDRESS	407 PONTE VEDRA BLVD	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLAUSS, DORIS M.	
STREET ADDRESS	407 PONTE VEDRA BLVD	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONSIDINE, ELAINE R.	
STREET ADDRESS	73 CEDAR PLACE	
CITY- ST- ZIP	PACANACK LAKE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORRES, CARMEN	
STREET ADDRESS	1508 74 ST.	
CITY- ST- ZIP	NORTH BERGEN NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: John W. Clauss, Pres. 3/25/97 (904) 285-6212

CR2E034 (9/96)