FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 836409 (3) NATIONAL AIR SYSTEMS, INC. Principal Place of Business Mailing Address 3380 SAN FERNANDO RD. PO BOX 41739 SUITE 101 LOS ANGELES CA 90041-7739 LOS ANGELES CA 90065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-2908890 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNITED STATES CORPORATION COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** 83 TALLAHASSEE FL 32301 84 City 65 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, typed or proted caree of registered agent and life if applicable (NOTL Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE KAUFMAN, ARNOLD NAME 1.2 NAME CR2E034 3274 BERRY DRIVE STREET ADDRESS 1.3 STREET ADDRESS NORTH HOLLYWOOD CA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME KAUFMAN, MARILYN 2.2 NAME 3274 BERRY DRIVE STREET ADDRESS 2.3 STREET ADDRESS **NORTH HOLLYWOOD CA** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KAUFMAN, MARILYN NAME 3.2 NAME 3274 BERRY DRIVE STREET ADDRESS 3.3 STREET ADDRESS NORTH HOLLYWOOD CA CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition TITLE 4 1 TIT) F 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME

CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 fustee 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.

5.3 STREET ADDRESS

63 STREET ADDRESS

Change

Addition

5.4 CITY - ST - ZIP

6 1 TITLE 62 NAME

DELETE

SIGNATURE: