

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

FILED

May 15 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F92000000463 (1)**

1. Corporation Name:
NIRVANA AIR, INC.

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| Principal Place of Business 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 | Mailing Address 1712 HOPKINS CROSSROAD MINNETONKA MN 55305 |
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|---|-------------------------|--|-------------------------|--|--|
| 2. Principal Place of Business 21 400 Lake Avenue Suite, Apt. #, etc. | | 2a. Mailing Address 26 1107 Hazeltine Boulevard Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 11/12/1992 | 3a. Date of Last Report 02/02/1996 |
| 22 City & State 23 Largo, FL | | 27 City & State 28 Chaska, MN | | 4. FEI Number 41-1727335 | Applied For Not Applicable |
| 24 Zip 33771 | 25 Country US | 29 Zip 55318 | 30 Country US | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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|--|--|---|--|
| 9. Name and Address of Current Registered Agent RUSSELL, TERRY 499 ALTERNATE KEENE ROAD LARGO FL 34641 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | DCP | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODMAN, JOHN B | 1.2 NAME | |
| STREET ADDRESS | 1712 HOPKINS CROSSROAD | 1.3 STREET ADDRESS | 1107 Hazeltine Boulevard #200 |
| CITY-ST-ZIP | MINNETONKA MN 55305 | 1.4 CITY-ST-ZIP | Chaska MN 55318 |
| TITLE | S | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUERTIN, JOSEPH L | 2.2 NAME | |
| STREET ADDRESS | 16225 24TH AVE. N. | 2.3 STREET ADDRESS | 1107 Hazeltine Boulevard #200 |
| CITY-ST-ZIP | PLYMOUTH MN | 2.4 CITY-ST-ZIP | Chaska, MN 55318 |
| TITLE | T | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETERKA, DAN | 3.2 NAME | |
| STREET ADDRESS | 15564 CANYON RIDGE | 3.3 STREET ADDRESS | 1107 Hazeltine Boulevard #200 |
| CITY-ST-ZIP | EDEN PRAIRIE MN | 3.4 CITY-ST-ZIP | Chaska, MN 55318 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: **X [Signature]** **JOHN B. GOODMAN** **4/30/97** **612-361-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0627710

CR2E034 (9/96)