

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F94000001082 (6)**

1. Corporation Name

AIR SEA RESCUE TRAINING, INC.

Principal Place of Business

**CDR. JOSE R. CASTRO
12730 N.W. 10 TERRACE
MIAMI FL 33182**

Mailing Address

**CAPT. NICHOLAS MITCHELL
BAY STATION 350221
BROOKLYN NY 11235**



2. Principal Place of Business 21 CDR. NAT De ANGELO Suite, Apt. #, etc. 22 2625 33rd AVE City & State 23 NORTH ST. PETERSBURG, FLA. Zip 24 33713		2a. Mailing Address 25 CPT. NICHOLAS MITCHELL Suite, Apt. #, etc. 27 BAY STATION 221 City & State 28 BROOKLYN, NEW YORK Zip 29 11235		3. Date Incorporated or Qualified 03/03/1994		3a. Date of Last Report 02/22/1996	
				4. FEI Number 11-2257105		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			

9. Name and Address of Current Registered Agent

**CASTRO, JOSE R COMMAND
12730 N.W. 10 TERRACE
MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name	COMMANDER NAT De ANGELO
82 Street Address (P.O. Box Number is Not Acceptable)	2625 33rd AVE
83	
84 City	NORTH ST. PETERSBURG FL
85 Zip Code	33713

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, NICHOLAS RADM	1.2 NAME	
STREET ADDRESS	BAY STATION 350221 SHEEPSHEAD BAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY 11235-0221	1.4 CITY - ST - ZIP	
TITLE	CV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, JOSE R	2.2 NAME	
STREET ADDRESS	12730 N.W. 10 TERRACE	2.3 STREET ADDRESS	CV NAT. De ANGELO
CITY - ST - ZIP	MIAMI FL 33182	2.4 CITY - ST - ZIP	2625 33rd AVE NORTH ST. PETERSBURG, FLA. 33713
TITLE	CSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLINER, SUSAN	3.2 NAME	
STREET ADDRESS	153-11 73RD AVENUE APT 3-H	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEW GARDENS NY 11369	3.4 CITY - ST - ZIP	
TITLE	CTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JANET	4.2 NAME	
STREET ADDRESS	STAR RT. 1	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGARETVILLE NY 12455	4.4 CITY - ST - ZIP	
TITLE	CASR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCI, FRED	5.2 NAME	
STREET ADDRESS	1618 EAST 14TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY 11229	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **NICHOLAS G. MITCHELL** **04/29/97** **788-648-8728**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077131

CR2E037 (9/96)