


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F94000001082 (6) 1. Corporation Name AIR SEA RESCUE TRAINING, INC.		



Principal Place of Business 2625 33RD AVE NORTH ST. PETE FL 33713 US		Mailing Address BAY STATION 221 BROOKLYN NY 11235 US		3. Date Incorporated or Qualified 03/03/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 11-2257105
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COMMANDER NAT DEANGELO 2625 33RD AVE N ST PETE FL 33713		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

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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CV NAT DEANGELO	2.2 NAME	
STREET ADDRESS	2625 33RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N ST PETE FL	2.4 CITY-ST-ZIP	
TITLE	CSD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: CAPT. Nicholas Mitchell President *Nicholas Mitchell* 4/29/98-648-8728 718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0079368

CR2E037 (10/97)