

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001134 (4)

1. Corporation Name
SONIC AIR, INC.



Principal Place of Business: 55 GLENLAKE PKWY NE ATLANTA GA 30328
Mailing Address: 55 GLENLAKE PKWY NE ATLANTA GA 30328

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report

2. Principal Place of Business: 21 55 GLENLAKE PARKWAY, NE., Suite, Apt. #, etc. 22 ATLANTA, GA 23 30328
2a. Mailing Address: 26 55 GLENLAKE PARKWAY, NE., Suite, Apt. #, etc. 27 ATLANTA, GA 28 30328
24 30328 25 US 29 30328 30 US

4. FEI Number: 86-0786380 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324

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: CPD NAME: NELSON, KENT C STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD NAME: ALDEN, JOHN W STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: CLANIN, ROBERT J STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AST NAME: AGRESTA, MAURICE M STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: DELBROOK, THOMAS W STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AST NAME: MACLEAN, LINDA M STREET ADDRESS: 55 GLENLAKE PKWY NE CITY-ST-ZIP: ATLANTA GA 30328	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *KB* *Eugene A. Pica* **EUGENE A. PICA** 4-24-96 404 - 828-4519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)