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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G02786

(3)

Corporation Name MASSAIR SERVICES, INC. Principal Place of Business Muling Address							
635 AIRPARK ROAD P.O. BOX 1208 NEW SMYRNA BEACH FL 32170		635 AIRPARK ROAD P.O. BOX 1208 NEW SMYRNA BEACH FL 32170					
				3. Date Incorporated or Qualified 10/01/1982	3a. Date of Las 05/01/	1995	
2. Principal Plac	ce of Business	2a, Mailing Address			4. FEI Number		Applied For Not Applicable
Suite Act Nicks		Suite, Apt. #, etc		59-2221186	_ \$8	.75 Additional	
Suite, Apt. #. etc.		27		5. Certificate of Status Desired		Fee Required	
City & Stale		Orty & State		6. Election Campaign Financing		5.00 May Be	
3		28	Country		Trust Fund Contribution 8. This corporation has liability for it	^	dded to Fees
Zip I	Country 25	Ζιρ 29	30		Florida Statutes Yes	MNo MNO	B/ B 180.0001
<u> </u>	g. Name and Address of Cur				10. Name and Address of New R	Registered Agent	
			81	Name			
MASSEY, JOHN S. 635 AIRPARK ROAD		82 Street Ad		Street Addr	ress (P.O. Box Number is Not Acceptat	ole]	
EUGEWA	ATER FL 32132					les.	Zip Code
			84	City		FL B5	1
or registere familiar with SIGNATURE	ed agenty in both, in the Stuly of h h, and all appline objections of S	essered	tes, the above t zed by the corp s.		ration submits this statement for the purific of directors. Thereby accept the app	CA't	
SIGNATURE 12. IITLE	Sign of Specific Person Commencers OFFICERS	essered				CA't	CTOAS IN 12
SIGNATURE	Signal of great or protein the Conference OFFICERS	AND DRIFTIORS	13.	r suprar no recours	- Lwhen ten skaling)	CATE	CTOAS IN 12
SIGNATURE 12. 11LE IAME STREET ADDRESS	OFFICERS MASSEY, JOHN S.	AND DAY TORS	13. ! 1 THUE 12 NAME 13 STREET 14 CEY-S	ADDRESS	- Lwhen ten skaling)	CA' + FICERS AND DIRE	CTOHS IN 12 inge Addition
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14. I do hereby certify that the information supposed with this filing is vocuntarily 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 arrival 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 condition 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 Blig it. 12 if changed or director attachment with an address.

SIGNATURE:,

MATURE AND REPETUR IN METER NAME & SIGNING OFFICER OR DIRECTOR

8-13-96

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