

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 # **H56420** (3)

1. Corporation Name

AIR STEWART INC.



Principal Place of Business

C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

1200 S. PINE ISLAND RD.
250
PLANTATION FL 33324-4459
US

3. Date Incorporated or Qualified 05/10/1985	3a. Date of Last Report 02/23/1995
4. FEI Number 59-2537015	Applied For 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	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

11. Pursuant to the provisions of Sections 607.0507 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:

Signature of person providing name of registered agent (to be filled in by applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P STAFFORD, JUDITH	1.2 NAME	
STREET ADDRESS	112 CROWN POINT LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WILLIAMSVILLE NY	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V AMUSO, WENDY	2.2 NAME	
STREET ADDRESS	200 QUAIL HOLLOW	2.3 STREET ADDRESS	
CITY-STATE-ZIP	EAST AMHERST NY	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T STAFFORD, DAVE	3.2 NAME	
STREET ADDRESS	112 CROWN POINT LANE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WILLIAMSVILLE NY	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WATSON, STEWART	4.2 NAME	
STREET ADDRESS	8600 MIDNIGHT PASS ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WATSON, RONALD	5.2 NAME	
STREET ADDRESS	282 WOOD ACRES DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	E. AMHERST NY	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BOWMAN, THOMAS	6.2 NAME	
STREET ADDRESS	5311 DOMINICA CIRCLE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	6.4 CITY-STATE-ZIP	

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: x

Stewart C. Watson
STEWART C. WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

DATE TIME PHONE #

CR2E034 (12/95)