

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/10/1985**

4. FEI Number  
**59-2537015**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STAFFORD, JUDITH</b>	
STREET ADDRESS	<b>112 CROWN POINT LANE</b>	
CITY-ST-ZIP	<b>WILLIAMSVILLE NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>AMUSO, WENDY</b>	
STREET ADDRESS	<b>200 QUAIL HOLLOW</b>	
CITY-ST-ZIP	<b>EAST AMHERST NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STAFFORD, DAVE</b>	
STREET ADDRESS	<b>112 CROWN POINT LANE</b>	
CITY-ST-ZIP	<b>WILLIAMSVILLE NY</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, STEWART</b>	
STREET ADDRESS	<b>8800 MIDNIGHT PASS ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, RONALD</b>	
STREET ADDRESS	<b>282 WOOD ACRES DRIVE</b>	
CITY-ST-ZIP	<b>E. AMHERST NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN, THOMAS</b>	
STREET ADDRESS	<b>5311 DOMINICA CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **X** *Stewart C. Watson*

**X** *F-128 26, 1998*

CR2E034 (10/97)