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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name	H56420
AIR STEWART INC.	

Principal Place of Business		Mailing Address					
C/O C T COPPORATION SYSTEM 8751 W. BRYWARD BLVD. PLANTATION FL 33324			1200 S. PINE ISLAND RD. 250 PLANTATION FL 33324-4459 US				
2 . P	rincipal Place of Busines	s	2a	 . Mailing Add	Iress		
21			26				
S	Suite, Apt. #, etc.		, i	Suite Apt #	f, etc		
22			27				
City & State				City & State	•		
23			28				
Zi	Þ	Country	1	Zip	Country		
24	25]	29		[30]		
	9. Name an	d Address of Cu	rrent Regis	stered Agent			

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

	DO NOT WRI	TE IN TH	IS SPACE		
3.	Date Incorporated or Qualified				
4.	05/10/1985 FET Number 59-2537015		/	Applied For Not Applicable	
5.	5. Certificate of Status Desired		\$8.75	\$8.75 Additional Fee Required	
6.	Election Caropa gn Financing Trust Fond Contribution	[·	\$5.00 May Be Added to Fees		
8.	This corporation owns the corr Personal Property Tax	ent year t	ntangible [Eyes	[INo	
10.	Name and Address of New F			[1140	
Name					
Street Address (P	^r O. Box Number is Not Accepta	ible)			

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 broad of directors. Thereby accept the approximent as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and title if approach (127)	elt. Pasjátead April signatur nep		
12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P [DEIFIE	LUTBLE	[Change [Addition	
NAME	STAFFORD, JUDITH	1.2 NAME	, ,	
STREET ADDRESS	112 CROWN POINT LANE	13 STREET ADORESS		
CITY-ST-ZIP	WILLIAMSVILLE NY	14 CHY-\$1-7IP		
TITLE	[] DELETE	217014	[] Change[] Addition	
NAME	AMUSO, WENDY	2.2 NAM:		
STREET ADDRESS	200 QUAIL HOLLOW	2.3 STREET ADDRESS		
CITY-ST-ZIP	EAST AMHERST NY	2.4 CITY-\$1-ZiF	1.10	
TITLE	T [] DELETE	3.1.111(6	3000 02320634 3000	Ĺ
NAME	STAFFORD, DAVE	3.2 NAME	-03/15/9901159008	Į
STREET ADDRESS	112 CROWN POINT LANE	33 STREET ADURESS	****150.00 ****150.00	Ì
CITY-\$1-ZIP	WILLIAMSVILLE NY	34 City-\$1-ZiP		ļ
TITLE	S [DELETE	4.1 TiTLE	[]Crange = []Addition	
NAME	WATSON, STEWART	4 7 NAME		
STREET ADDRESS	8600 MIDNIGHT PASS ROAD	43 STREET ANDRESS		j
CITY-ST-ZIP	SARASOTA FL	4.4 Ch y - \$1 - 70°	[Change [Addition	l
TITLE	D [DELFTE	5 1 TOUR	[Change [Addition	
NAME	WATSON, RONALD	5.2 NAM		1
\$TREET ADDRESS	282 WOOD ACRES DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	E. AMHERST NY	54 CHY-S1-ZiF1	1 Change f Adobon	!
TITLE	D [DELETE	617016	[Change [Adobon	
NAME	BOWMAN, THOMAS	6.2 NAM(12 010 100 Dans	
STREET ADDRESS	5311 DOMINICA CIRCLE	ERSTREET ADORESS	12 5111199 4996	
CITY. CT. 7ID	SARASOTA FI	6.4 C(t) - \$7 - Z(f)		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florid a 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 topal 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, Florid a Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR E

x 2-26-99

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