

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

DOCUMENT # H56420

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 FL 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. Thereby 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 the filer if applicable

(PRINT) Registered Agent Signature (typed or printed name)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	STAFFORD, JUDITH	
STREET ADDRESS	112 CROWN POINT LANE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	V	[] DELETE
NAME	AMUSO, WENDY	
STREET ADDRESS	200 QUAIL HOLLOW	
CITY-ST-ZIP	EAST AMHERST NY	
TITLE	T	[] DELETE
NAME	STAFFORD, DAVE	
STREET ADDRESS	112 CROWN POINT LANE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	S	[] DELETE
NAME	WATSON, STEWART	
STREET ADDRESS	8600 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	[] DELETE
NAME	WATSON, RONALD	
STREET ADDRESS	282 WOOD ACRES DRIVE	
CITY-ST-ZIP	E. AMHERST NY	
TITLE	D	[] DELETE
NAME	BOWMAN, THOMAS	
STREET ADDRESS	5311 DOMINICA CIRCLE	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

FILED
 99 MAR -9 PM 3:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
05/10/1985
- 4. FEI Number
59-2537015 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 owes the current year Intangible Personal Property Tax [] Yes [] No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: x

Stewart E. Watson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2-26-99

0304649

CR2E034 (1/1/98)