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

**PROFIT** CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # J50774** 

(5)

SHELTAIR ST. PETERSBURG, INC.

Principal Place of Business	Maiting Address	F (O BEST DIE CITIL DON'T DON'T SERVE DIE)	DIDIH DIDIH DIDIF DIAIH BIBIL DIDIH FORI	
1995 W COMMERCIAL BLVD STE N FORT LAUDERDALE FL 33309	1995 W COMMERCIAL BLVD STE N FORT LAUDERDALE FL 33309-7130			
		3. Date Incorporated or Qualified 01/08/1987	3a. Date of Last Report 04/08/1996	
2. Principal Place of Business	2s. Mailing Address	4. FEI Number	Applied Fo	

ated or Qualified 3a. Date of Last Report 04/08/1996 Applied For Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 **Trust Fund Contribution** Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıp Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLLAND, GERALD M. 4860 NE 12TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33334 83

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 apont 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

City

-	m familiar with, and accept the obligations			
SIGNATURE	Signature, typed or printed name of registered agent and	bee if applicable (NOT	E: Registered Agent signature requi	red when reinstaing) DATE
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	PD	DELETE	1.1 TITLE	Change Addition
NAME	HOLLAND, GERALD M.		1.2 NAME	
STREET ADDRESS	4860 NE 12TH AVENUE		1.3 STREET ADDRESS	
CHTY-ST-ZIF	ft lauderdale fl		1.4 CITY - ST - ZIP	
THILF	VD\$	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAHNER, RICHARD A.		2.2 NAME	
STREET ADDRESS	4860 NE 12TH AVENUE		2.3 STREET ADDRESS	
CITY- ST-ZIP	ft Lauderdale fl		2. 4 CITY - ST - ZIP	
TITLE	†	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHMATZ, JOHN		3.2 NAME	
STREET ADDRESS	4860 NE 12TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY - ST - ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAMÉ	ROCHON, RICHARD		4. 2 NAME	
STREET ADDRESS	901 E. LAS O LAS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
DITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME.			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-Zift			6.4 City+St-7IP	

14. I do hereby certify that the information supplied with this filling 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 path; 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

SIGNATURE:

**FILED** 

Mar 11 1997 8:00am

Secretary of State

Zip Code