

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63473 (9)
1. Corporation Name
GRANTAIR, INC.



Principal Place of Business: 1401 W WASHINGTON ST. ORLANDO FL 32805
Mailing Address: 1401 W WASHINGTON ST. ORLANDO FL 32805-1737

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/24/1987	3a. Date of Last Report 05/01/1996
21. State Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2790154	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DULIN, RAMSEY W. SUITE 1402 201 E. PINE STREET ORLANDO FL 32801	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 201 S. Orange Ave, Ste. 1090
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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.1 TITLE	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
NAME	STREET ADDRESS	2.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	CITY-STATE-ZIP	3.1 TITLE	
TITLE	NAME	3.2 NAME	
NAME	STREET ADDRESS	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE	
NAME	STREET ADDRESS	4.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	5.1 TITLE	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
NAME	STREET ADDRESS	5.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-STATE-ZIP	CITY-STATE-ZIP	6.1 TITLE	
TITLE	NAME	6.2 NAME	
NAME	STREET ADDRESS	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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 on an attachment with an address.

SIGNATURE:  3-12-97 (407) 422-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)