

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K19657** (1)

1. Corporation Name
AIR BUYERS ASSOCIATES, INC.



Principal Place of Business: **505 WEST OLTORF, 234 W. KING ST, AUSTIN TX 78704 US**
Mailing Address: **850 SOUTH RIVER ROAD, ENGLEWOOD FL 34223 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **03/28/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2935578**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **STIVER, WILLIAM E, 850 SOUTH RIVER ROAD, ENGLEWOOD FL 34223**
10. Name and Address of New Registered Agent (81-85) fields.

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 filer applicant) (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: C	NAME: KYDD, BILLY	1.1 TITLE:	
STREET ADDRESS: 95 HAMILTON RD.	CITY-ST-ZIP: LONDON ONTARIO CA	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: P	NAME: PRYOR, ROBERT	2.1 TITLE:	
STREET ADDRESS: 505 W. OLTORF	CITY-ST-ZIP: AUSTIN TX	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VP	NAME: BURHANS, LINDSEY	3.1 TITLE:	
STREET ADDRESS: 15120 S. TAMAMI TR.	CITY-ST-ZIP: FT. MYERS FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: S	NAME: DAVIS, EDDIE	4.1 TITLE:	
STREET ADDRESS: 4201 LADSON RD.	CITY-ST-ZIP: LADSON SC	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: T	NAME: STIVER, WILLIAM	5.1 TITLE:	
STREET ADDRESS: 850 SOUTH RIVER ROAD	CITY-ST-ZIP: ENGLEWOOD FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Pryor* (Signature and typed or printed name of signing officer or director) 3-27-96 512-4419120 (Date and Daytime Phone #)

CR2E034 (12/95)