

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

**FILED**

**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 # 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**

3. Date Incorporated or Qualified: **03/28/1988**

3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

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. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 authorized to accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KYDD, BILLY</b>		1.2 NAME	
STREET ADDRESS: <b>95 HAMILTON RD.</b>		1.3 STREET ADDRESS	
CITY, ST, ZIP: <b>LONDON ONTARIO CA</b>		1.4 CITY-ST-ZIP	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PRYOR, ROBERT</b>		2.2 NAME	
STREET ADDRESS: <b>505 W. OLTORF</b>		2.3 STREET ADDRESS	
CITY, ST, ZIP: <b>AUSTIN TX</b>		2.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>BURHANS, LINDSEY</b>		3.2 NAME	
STREET ADDRESS: <b>15120 S. TAMiami TR.</b>		3.3 STREET ADDRESS	
CITY, ST, ZIP: <b>FT. MYERS FL</b>		3.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DAVIS, EDDIE</b>		4.2 NAME	
STREET ADDRESS: <b>4201 LADSON RD.</b>		4.3 STREET ADDRESS	
CITY, ST, ZIP: <b>LADSON SC</b>		4.4 CITY-ST-ZIP	
TITLE: <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>STIVER, WILLIAM</b>		5.2 NAME	
STREET ADDRESS: <b>850 SOUTH RIVER ROAD</b>		5.3 STREET ADDRESS	
CITY, ST, ZIP: <b>ENGLEWOOD FL</b>		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY, ST, ZIP:		6.4 CITY-ST-ZIP	

Vice President  
**Pete schooner**  
171 main St.  
Brawley CA 92227

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 indicates 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 duly authorized 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: *[Signature]* DATE: **3/20/97** (41) 474-7600

CR2E034 (9/96)