

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2a. 1209 Sunset Dr		3. 03/28/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28 Dickinson, TX		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29 44539		30 USA	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STIVER, WILLIAM E 850 SOUTH RIVER ROAD ENGLEWOOD FL 34223		81 Name James McBride	
		82 Street Address (P.O. Box Number is Not Acceptable) 1209 Sunset Dr	
		83	
		84 City Dickinson TX TX 85 Zip Code 79039	

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYDD, BILLY	1.2 NAME	
STREET ADDRESS	95 HAMILTON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ONTARIO CA	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, ROBERT	2.2 NAME	
STREET ADDRESS	505 W. OLTORF	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOONOVER, PETE	3.2 NAME	
STREET ADDRESS	171 MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRAWLEY CA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDDIE	4.2 NAME	
STREET ADDRESS	4201 LADSON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LADSON SC	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIVER, WILLIAM	5.2 NAME	McBride, James
STREET ADDRESS	850 SOUTH RIVER ROAD	5.3 STREET ADDRESS	1209 Sunset Dr
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Dickinson, TX 79039
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	

14. I 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: **Robert Pryor** REQUIRE **Robert Pryor** 1-23-98 (512) 448-0884

CR2E034 (10/97)