

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K19657 (1)**  
1. Corporation Name  
**AIR BUYERS ASSOCIATES, INC.**



Principal Place of Business <b>505 WEST OLTORF 234 W. KING ST AUSTIN TX 78704 US</b>	Mailing Address <b>850 SOUTH RIVER ROAD ENGLEWOOD FL 34223 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>1209 Sunset Dr</b>	4	<b>03/28/1988</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	
22		27		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
23		28	<b>Dickinson, TX</b>	<b>\$5.00 May Be Added to Fees</b>	
24	Zip	29	Zip	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	
	25		30		
	Country		Country		
			<b>USA</b>		

*Do not change*

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

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	<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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOONOVER, PETE</b>	3.2 NAME	
STREET ADDRESS	<b>171 MAIN ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRAWLEY CA</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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STIVER, WILLIAM</b>	5.2 NAME	<b>McBride, James</b>
STREET ADDRESS	<b>850 SOUTH RIVER ROAD</b>	5.3 STREET ADDRESS	<b>1209 Sunset Dr</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	5.4 CITY-ST-ZIP	<b>Dickinson, TX 79039</b>
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

CRE034 (10/97)