

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90048 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K19657
 1. Corporation Name
AIR BUYERS ASSOCIATES, INC.



Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 505 WEST OLTORF	26 505 WEST OLTORF
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 AUSTIN, TX	28 AUSTIN, TX
Zip Country	Zip Country
24 78704 US	29 78704 US

3. Date Incorporated or Qualified	Applied For
03/28/1988	Not Applicable
4. FEI Number	5. Certificate of Status Desired
59-2935578	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KYDD, BILLY	
STREET ADDRESS	95 HAMILTON RD.	
CITY-ST-ZIP	LONDON ONTARIO CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRYOR, ROBERT	
STREET ADDRESS	505 W. OLTORF	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHOONOVER, PETE	
STREET ADDRESS	171 MAIN ST	
CITY-ST-ZIP	BRAWLEY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, EDDIE	
STREET ADDRESS	4201 LADSON RD.	
CITY-ST-ZIP	LADSON SC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCBRIDE, JAMES	
STREET ADDRESS	1209 SUNSET DR	
CITY-ST-ZIP	DICKINSON TX 77539	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Robert Pryor* **SIGNATURE REQUIRED** 4-5-99 5124419220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(1/1/98)