

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L88306** (0)
 1. Corporation Name
AIRFAIR PUBLISHING CORP.



Principal Place of Business: **C/O GEORGE A. APPEL, P.O. BOX 5033, BOCA RATON FL 33431-7833**
 Mailing Address: **C/O GEORGE A. APPEL, P.O. BOX 5033, BOCA RATON FL 33431-7833**

3. Date Incorporated or Qualified: **07/20/1990**
 3a. Date of Last Report: **01/27/1995**
 4. FEI Number: **95-2861125**
 Applied For: Not Applicable
 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**APPEL, GOERGE A.
 6401 CONGRESS AVENUE
 SUITE 100
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent registered here in the State of Florida: _____ Date: _____
 Signature of Registered Agent (signature required when registering): _____ Date: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP	<input type="checkbox"/> DELETE
12.2 NAME	BARRETT, ROBERT A.	
12.3 STREET ADDRESS	LONG BAY	
12.4 CITY-ST-ZIP	ANTIGUA, WEST INDIES	
12.5 TITLE	S	<input type="checkbox"/> DELETE
12.6 NAME	BARRETT, DELOIS R.	
12.7 STREET ADDRESS	435 LAS PALMAS DR	
12.8 CITY-ST-ZIP	SANTA BARBARA CA	
12.9 TITLE	V	<input type="checkbox"/> DELETE
12.10 NAME	APPEL, GEORGE A.	
12.11 STREET ADDRESS	6401 CONGRESS AVENUE 100	
12.12 CITY-ST-ZIP	BOCA RATON FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 (change of office) attachment with an address.

SIGNATURE: *George A. Appel* **GEORGE A. APPEL** Date: **JAN 17/96** Telephone: **994-5580**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (12/95)