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subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUL -1 PM 4:21	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company Air Safety International, L.C. 290 Bermuda Bay Lane Vero Beach, Florida 32963			1a. Principal Place of Business Address 290 Bermuda Bay Lane Vero Beach, Florida 32963		
2. Principal Place of Business 290 Bermuda Bay Lane Suite, Apt. #, etc.		2a. Mailing Address same as above Suite, Apt. #, etc.		3. Date Organized or Qualified 5/5/97	
City & State Vero Beach, Florida		City & State 		4. FET Number 65-0750580	
Zip 32963		Country USA		5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent R.N. Koblegard, III 401-A South Indian River Drive Pt. Pierce, Florida 34950			8. Name and Address of New Registered Agent/Office Name Alan L. Madsen Street Address (P.O. Box Number is Not Acceptable) 2901 ProFlite Drive Suite, Apt. #, etc. City Vero Beach		
			Zip Code FL 32960		
9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.					
SIGNATURE _____ Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when non-hand)			DATE 6/29/98		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
Mgr.	Alan L. Madsen	2901 ProFlite Drive		Vero Beach, Florida 32960 	
11. 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, even an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER ALAN L. MADSEN, MANAGER					
JUNE 22, 1998 Sci-567-2200					

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