

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mottham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M73307** (4)

1. Corporation Name
APOLLO AIR, INC.

Principal Place of Business
**1916 U.S. HWY. 41 SOUTH
RUSKIN FL 33570**

Mailing Address
**1916 U.S. HWY. 41 SOUTH
RUSKIN FL 33570-5316**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1988	3a. Date of Last Report 04/19/1996
21		26		4. FEI Number 59-2884741	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUATO, CHARLES J. 1415 DEIDRE DRIVE RUSKIN FL 33570				81. Name	DUATO, KAREN D.		
				82. Street Address (P.O. Box Number is Not Acceptable)	6916 CIRCLE CREEK DRIVE		
				83.			
				84. City	PINELLAS PARK	85. Zip Code	FL 33781

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: *Karen D. Duato* (NOTE: Registered Agent signature required when reinstating) DATE: **4-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUATO, CHARLES J.	1.2 NAME	DUATO, KAREN D.
STREET ADDRESS	1415 DEIDRE DRIVE	1.3 STREET ADDRESS	6916 CIRCLE CREEK DRIVE
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUATO, SALLY	2.2 NAME	
STREET ADDRESS	1415 DEIDRE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 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: *Karen D. Duato* (813) 645-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/4/97**

CR2E034 (9/96)