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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N04893 (6)
1. Corporation Name
AIR SERV INTERNATIONAL, INC.

Principal Place of Business Mailing Address
**1802 ORANGE TREE LANE, SUITE 200
P.O. BOX 3041
REDLANDS CA 92374-2800**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/29/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2500627** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**MORGAN, CHARLES O., JR
1300 NW 167TH STREET
MIAMI FL 33199**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, JOYCE	1.2 NAME	
STREET ADDRESS	904 BRAZOS PLACE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, GLORIA	2.2 NAME	Marshall, Gloria
STREET ADDRESS	2221 S. REAL ROAD	2.3 STREET ADDRESS	12320 Backdrop Courte, Rio Bravo Village
CITY-ST-ZIP	BAKERSFIELD CA	2.4 CITY-ST-ZIP	Bakersfield, CA 93306
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTT, GRADY	3.2 NAME	Charles Bennett
STREET ADDRESS	125 JAMAICA CIR	3.3 STREET ADDRESS	2395 Delaware #198
CITY-ST-ZIP	PLACENTIA CA	3.4 CITY-ST-ZIP	Santa Cruz, CA 95060
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARKENTIN, IAN	4.2 NAME	Roger Moberg
STREET ADDRESS	3430 CAPILANO ROAD	4.3 STREET ADDRESS	1308 Cannon Avenue
CITY-ST-ZIP	NORTH VANCOUVER BC CA	4.4 CITY-ST-ZIP	St. Paul, MN 55112
TITLE	P	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEINHART, ROBERT E.	5.2 NAME	Kenneth W. Frizzell
STREET ADDRESS	1902 ORNAGE TREE LN 200	5.3 STREET ADDRESS	1440 Clock
CITY-ST-ZIP	REDLANDS CA	5.4 CITY-ST-ZIP	Redlands, CA 92374
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth W. Frizzell April 17, 1995 (909) 793-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #