FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
Annual report



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # NO4893 (6)							
AIR SERV INTERNATIONAL, INC.							
Principal Place of Business Mailing Address						8	
1902 ORANGE TREE LANE. SUITE 200 1902 ORANGE TREE LANE.			ANE. SUITE 20	00			
P.O. BOX 3041 P.O. BOX 3041 REDLANDS CA 92374-2800 REDLANDS CA 92374-2800				•			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ON 02014 2000	HEDLANDO ON 32374-2	600		3. Date Incorporated or Qualified	3a. Date of Las	
Principal Place of Business 2a. Mailing Address					08/29/1984	04/21/1	1995
21 26					4. FEI Number 59-2500627		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					Certificate of Status Desired	\$8.7	Not Applicable 5 Additional
22 27 City & State City & State					5. Certificate of Status Desired		Required
City & State City & State 23					6. Election Campaign Financing		00 May Be
Zip				у	Trust Fund Contribution 8. This corporation has liability for i	Adde	ed to Fees
24	25 29 30				Florida Statutes]Yes [∭XNo	. 199,002,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent	
MODGA	N CHADIES O ID		81	Name			
MORGAN, CHARLES O., JR 1300 NW 167TH STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33169			83				
						- · · · · · · · · · · · · · · · · · · ·	
			84	'			ip Code
 Pursuant or registe familiar w 	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section	and 617.1508, Florida Statute a. Such change was authorize on 617.0503, Florida Statutes.	es, the above ed by the com	named corp poration's bo	oration submits this statement for the purpard of directors. I hereby accept the appo		registered office d agent. I am
SIGNATURE							
40			TE: Registered Age	nt signature requi	ired when reinstating	DATE DIRECTO	500 11 15
TITLE	DC DELETE		1.1 TATLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
NAME	GODWIN, JOYCE		1.2 NAME			onlings	☐ Addition
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY - :	ST-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME SIREST ADDRESS	MARSHALL, GLORIA		2.2 NAME				
CITY-ST-ZIP	NEW OF THE RAYEDGEICI D. CA			T ADDRESS			
TITLE	D DELETE		2. 4 CITY - 3.1 TITLE	ST-ZIP		☐ Change	Addition
NAME	BEMMETT CHADLES		3.2 NAME			Change	☐ Addition
STREET ADDRESS	2395 DELAWARE #198		3 3 STREET	1 ADDRESS			
CITY-ST-ZIP	SANTA CRUZ CA		3 4. CiTY-				
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	MOBERG, ROBER		4. 2 NAME				
STREET ADDRESS	1308 CANNON AVENUE		4.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	ST. PAUL MN DP	Dougte	4.4 CITY - 9	ST - ZIP			
NAME	EDIZZELI VENNETLIAV		5.1 TITLE			Change	☐ Addition
STREET ADDRESS	12448 CLOCK		5.2 NAME	ADDDERC			
CITY-ST-ZIP	DEDI ANDS CA		5.3 STREET 5.4 City-S				
TITLE		DELETE	6.1 TITLE	01 - ZIP		☐ Change	Addition
NAME			6.2 NAME			change	radition
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	T-ZIP			
14. I do hereb	y certify that the information supplied wi	th this filing is voluntarily furnis	shed and doe	s not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statuti	es I further

To the levely betruly that the information supplied with his hiling 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 of 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 March 1, 1996 (909) 793-2627

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CR2E037 (12/95)