

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49470 (0)

1. Corporation Name
THCO AIR SHOW, INC.



Principal Place of Business: **110 BAY HAMMOCK LANE LONGWOOD FL 32779 US**
Mailing Address: **P O BOX 915065 LONGWOOD FL 32791-5065 US**

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-3055757**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRACHTMAN AND HENDERSON, P.A.
1990 W NEW HAVEN AVENUE
SUITE 201
MELBOURNE FL 32904**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PEATRIDGE, CHRIS	
STREET ADDRESS	BOX 849, 140 GOULD STREET	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MCCRORY, WILLIAM M.	
STREET ADDRESS	110 BAY HAMMOCK LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	L'HOMMEDIU, CLARENCE	
STREET ADDRESS	706 40TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RAMEY, KEITH	
STREET ADDRESS	955 CYNTHIA DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCCRORY, CELESTE P.	
STREET ADDRESS	110 BAY HAMMOCK LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	NORIEGA, WILLIAM J	
STREET ADDRESS	4101 NW 16TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Director	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Director	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Director	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Celeste P. McCrory* Celeste P McCrory 1-26-96 407-8694321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)