

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26513 (2)**

1. Corporation Name

**AIRSHIP INTERNATIONAL LTD. CORPORATION**



Principal Place of Business: **7380 SAND LAKE ROAD SUITE 350 ORLANDO FL 32819**  
Mailing Address: **7380 SAND LAKE ROAD SUITE 350 ORLANDO FL 32819**

3. Date Incorporated or Qualified: **10/19/1989**  
3a. Date of Last Report: **09/20/1995**  
4. FEI Number: **06-1113228**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SIEGEL, ALAN  
7380 SAND LAKE ROAD  
SUITE 350  
ORLANDO FL 32819**

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: \_\_\_\_\_  
NOTE: Registered Agent signature required when reinstating.

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARLMAN, LOUIS J	
STREET ADDRESS	9235 RIDGE PINE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMQUIST, MARVIN	
STREET ADDRESS	225 PALM AVE.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, JAMES	
STREET ADDRESS	207 YALE DRIVE	
CITY-ST-ZIP	LINCROFT NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIEGEL, ALAN	
STREET ADDRESS	714 Woodward St. 7510 S. BAY DR.	
CITY-ST-ZIP	Orlando, FL 32803 ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Siegel, Alan
4.3 STREET ADDRESS	714 Woodward St.
4.4 CITY-ST-ZIP	Orlando, FL 32803
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Siegel* DATE: **4/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **(407) 351-0011**

CR2E034 (12/95)