

1-15-97 B-0180 -C

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

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Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37728

(3)

1. Corporation Name:
AIRSHIP IMAGES INC.

Principal Place of Business

1122 BUTTONWOOD LANE
SANIBEL FL 33957

Mailing Address

1122 BUTTONWOOD LANE
SANIBEL FL 33957-7304

3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21 15 Christopher Pl.

2a. Mailing Address

26 Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Saddle River, NJ

28

Zip

Country

Zip

Country

24 07458

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEFT, LAURA L.
1122 BUTTONWOOD LANE
SANIBEL ISLAND FL 33957

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

Signatures of person(s) appointed or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP
NAME SHEFT, LAURA L.
STREET ADDRESS 1122 BUTTONWOOD LANE
CITY-ST-ZIP SANIBEL ISLAND FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VST
NAME SHEFT, LAURA L.
STREET ADDRESS 1122 BUTTONWOOD LANE
CITY-ST-ZIP SANIBEL ISLAND FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 included 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:

Laura L. Sheft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/97 941-472-3321

0404035

CR2E034 (9/96)