

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

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morcom</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P92000001728 (4)**

1. Corporation Name  
**MASA AIR, INC.**

Principal Place of Business <b>500 E. BROWARD BLVD. PENTHOUSE I FT. LAUDERDALE FL 33394</b>	Mailing Address <b>500 E. BROWARD BLVD. PENTHOUSE I FT. LAUDERDALE FL 33394-3002</b>
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2. Principal Place of Business 21 <b>9 Village Circle</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Suite 540</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Roanoke Texas</b>	City & State 28
Zip 24 <b>76262</b>	Country 25 <b>Tarrant</b>
29	30

9. Name and Address of Current Registered Agent

**GREEN, TIMOTHY W JR.**  
**500 E. BROWARD BLVD**  
**PENTHOUSE I**  
**FT. LAUDERDALE FL 33344**

3. Date Incorporated or Qualified <b>10/29/1982</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>65-0373026</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, TIMOTHY W	1.2 NAME	
STREET ADDRESS	1515 JET AVIATION BLDG., PALM BEACH INT'L	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESST PALM BEACH FL 33344	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLEY, FRANK M	2.2 NAME	
STREET ADDRESS	500 E BROWARD BLVD PH I	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLEY, RANDALL	3.2 NAME	
STREET ADDRESS	2657690	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROANOKE TX	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 13 or on an attachment with an address.

SIGNATURE:  **Timothy W. Green** 9-25-97 817-430-4855

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)