

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000001085 (8)**

1. Corporation Name
AIREDALE, INC.



Principal Place of Business 4766 HIGHWAY 280 SUITE 300 BIRMINGHAM AL 35242 US	Mailing Address 4766 HIGHWAY 280 SUITE 300 BIRMINGHAM AL 35242 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/07/1993	
4. FEI Number 63-1087572		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	N/A
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, a 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 **NOT REQUIRED**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	OSBORN, MARK E.	
STREET ADDRESS	4766 HIGHWAY 280	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLEISHER, DAVID	
STREET ADDRESS	4766 HIGHWAY 280	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME		
3 STREET ADDRESS		
4 CITY - ST - ZIP		
1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME		
3 STREET ADDRESS		
4 CITY - ST - ZIP		
1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME		
3 STREET ADDRESS		
4 CITY - ST - ZIP		
1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME		
3 STREET ADDRESS		
4 CITY - ST - ZIP		

14. I 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David E. Fleisher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98
Date
Daytime Phone # **0497984**

CF2E034 (10/97)