SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

	CT AIR, INC.	Mailing Address			
464 WEXDON CT LAKE MARY FL 32746 US		P O BOX 852412 LAKE MARY FL 32795 US			
				3. Date Incorporated or Qualified	Lad. Hopon
2. Principal f	Place of Business	2a. Mailing Address		11/18/1993 4. FEI Number	06/30/1995
21		26		59-3211726	Applied For Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			\$8.75 Additional
City & Stat	to	27		5. Certificate of Status Desired	Fee Required
23	(6)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30 Country	8. This corporation has liability for Florida Statutes	intarigible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New Re	Yes I No
FA	LKENSTEIN, MARIE M.		81 Name	The state of the s	-Anne Adam
464 WEXDON CT. LAKE MARY FL 32746			82 Street Ac	ddress (P.O. Box Number is Not Acceptal	
				mess (r.o. box reamber is Not Acceptable)	
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sachons 607.05	00 and 607 1500 51-11 Co.	<u></u>		#L
office or r	registered agent or both, in the State im familiar with, and accept the oblid	of Florida, Such change was	ites, the above-named cor authorized by the corpora	rporation submits this statement for the p	urpose of chariging its registered
agent. ra	m familiar with, and accept the oblig				I the appointment of regulations
0101117.105		#110/15 01, Section 607.0505, F1	longa Statutes.	ations board or directors. I hereny accep	t the appointment as registered
SIGNATURE			ionos Grandes.	Cep	ctne appointment as registered
	Signature Type-Lor printed have of regetered ag		IODO a Statute's. ITE Registered Agont signature re- 13.	pried where containings	eure appoiniment as registered
12. Title	Signature Type-For precised runs of rings terroring OFFICERS AN	r CL and title Lappin shie (NC	ITE: Registered Agont signaturo re-	Cep	EAL CERS AND DIRECTORS IN 12
12. TITLE NAME	Signature Typed or profess rape of regularization OFFICERS AN D FALKENSTEIN, MARIE N	oct and other capping doler (NC	ITE Registered Agori signaturo reg	pried where containings	DAIL CERS AND DIRECTORS IN 12
12. Title Name Street address	OFFICERS AN D FALKENSTEIN, MARIE N 461 SILVER DEW ST	oct and other capping doler (NC	DIE Registered Agent signature in: 13. 11 TriLE	pried where containings	EALL DATE DATE
12. Title NAME Street address City-St-Zip	Signature Typed or profess rape of regularization OFFICERS AN D FALKENSTEIN, MARIE N	OCL and title 1 ar pint to the (NAC ND DIRECTORS DELETE	13. 11 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP	pried where containings	EAL CERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D FALKENSTEIN, MARIE N 461 SILVER DEW ST	oct and other capping doler (NC	11 Fit general Agent signaturo re: 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 21 TITLE	pried where containings	EAL CERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D FALKENSTEIN, MARIE N 461 SILVER DEW ST	OCL and title 1 ar pint to the (NAC ND DIRECTORS DELETE	13. 11 Title 1.2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 TITLE 2 2 NAME	pried where containings	CALL CHAIL CERS AND DIRECTORS IN 12 Change
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made under oath, that I am an officer or director of the corporation or the receiver or trusted and accurate and that my signature shall have the same legal effect as if that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: MALE PALIENTEN Marie falkinature 07-01-96 409-323-6880