

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000013374 (1)

1. Corporation Name
FEINAIR, INC.



Principal Place of Business: 1850 TIMBERS WEST BLVD, ROCKLEDGE FL 32955
Mailing Address: 1850 TIMBERS WEST BLVD, ROCKLEDGE FL 32955

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3264714
Applied For: Not Applicable
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: FEINER, BALZ, 500 BARNES BLVD. AIRPORT, ROCK LEDGE FL 32955
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____
Signature, typed or printed name of registered agent and the individual associated with the corporation. Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V.P. DIRECTOR, SEC. + TR.
NAME	FEINER, THOMAS P	12 NAME	FEINER BALZ
STREET ADDRESS	1850 TIMBERS WEST BLVD	13 STREET ADDRESS	1850 TIMBERS W. BLVD.
CITY-ST-ZIP	ROCKLEDGE FL 32955	14 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V.P.
NAME		22 NAME	HARRIS DEWY
STREET ADDRESS		23 STREET ADDRESS	535 DELANOY AVE.
CITY-ST-ZIP		24 CITY-ST-ZIP	COCOA, FL 32955
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Thomas P. Feiner* BALZ FEINER 5-8-96 (407) 633-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)