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95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000032512 (3)

1. Corporation Name
AIREPAIR AERIAL ADS INC.

Principal Place of Business 1994 ARROW CIRCLE NEW SMYRNA BEACH FL 32168	Mailing Address 1994 ARROW CIRCLE NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3242541	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 04/27/1994	3a. Date of Last Report
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLIVER, ELEANOR 1994 ARROW CIRCLE NEW SMYRNA BEACH FL 32168				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 fee if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME OLIVER, ELEANOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1730 HIDEAWAY FOREST TRAIL	CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VD	NAME OLIVER, EDWARD B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1730 HIDEAWAY FOREST TRAIL	CITY-ST-ZIP NEW SMYRNA BEACH FL 32168	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SD	NAME LASSEN, JOSEPH G	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 59 HORSESHOE FALLS	CITY-ST-ZIP ORMOND BEACH FL 32176	3.2 NAME	
		3.3 STREET ADDRESS	Delete - NO LONGER WITH COMPANY
		3.4 CITY-ST-ZIP	
TITLE TD	NAME RODERICKS, FRANK	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 1811 N/A	CITY-ST-ZIP DAYTONA BEACH FL 32115	4.2 NAME	
		4.3 STREET ADDRESS	Delete - NO LONGER WITH COMPANY
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	Michael Stephenson (D), 702 S. Old County Rd. EDGEWATER, FL 32132
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	Thomas B. Moore TD 6 Whipper-In Circle ORMOND BEACH, FL 32174
		6.4 CITY-ST-ZIP	6/12

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 110.07(3)(b), 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: Eleanor Oliver **ELEANOR OLIVER** 4/28/95 904-487-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #