

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 16 1997 8:00am  
Secretary of State

DOCUMENT # P94000062449 (1)

1. Corporation Name  
J. & M. AIR, INC.



Principal Place of Business  
3100 MIRO DRIVE  
SOUTH PALM BEACH GARDENS FL 33410

Mailing Address  
1901 W 47TH PLACE  
SUITE 200  
WESTWOOD KS 66205-1834  
US

2. Principal Place of Business	2a. Mailing Address
21 1901 W. 47th Place	26 Suite, Apt. #, etc.
22 Suite 200	27 City & State
23 Westwood, KS	28 Zip
24 66205	29 Country
25 USA	30

3. Date Incorporated or Qualified 08/23/1994	3a. Date of Last Report 03/05/1996
4. FEI Number 4/68-1155938	Applied For 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 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 CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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
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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 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	DC	<input type="checkbox"/> DELETE
NAME	TREVINO, LEE	
STREET ADDRESS	3100 MIRO DRIVE	
CITY-ST-ZIP	SOUTH PALM BEACH GARDENS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TREVINO, CLAUDIA	
STREET ADDRESS	3100 MIRO DRIVE	
CITY-ST-ZIP	SOUTH PALM BEACH GARDENS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBIN, CHARLES E	
STREET ADDRESS	1901 W. 47TH PLACE, #200	
CITY-ST-ZIP	WESTWOOD KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, ARNOLD H.	
STREET ADDRESS	1901 Q 47TH PLACE STE 200	
CITY-ST-ZIP	WESTWOOD KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1901 W. 47th Place, #200	
1.4 CITY-ST-ZIP	Westwood, KS 66205	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1901 W. 47th Place, #200	
2.4 CITY-ST-ZIP	Westwood, KS 66205	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)