

**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**  
**May 01 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P94000091954 (5)**

1. Corporation Name  
**AIR & SEA SUPPORT GROUP, INC.**



Principal Place of Business: **707 S.W. 7TH ST. FT LAUDERDALE FL 33315**  
 Mailing Address: **707 S.W. 7TH ST. FT LAUDERDALE FL 33315-3815**

3. Date Incorporated or Qualified: **12/20/1994**  
 3a. Date of Last Report: **08/12/1996**

2. Principal Place of Business  
 21 **707 SW 7 St.**  
 22 Suite, Apt. #, etc.  
 2a. Mailing Address  
 26 **707 SW 7 St**  
 27 Suite, Apt. #, etc.

4. FEI Number: **65-0541533**  
 Applied For:  Not Applicable

23 **Fort Lauderdale, FL**  
 24 **33315**  
 25 **Broward**  
 28 **Fort Lauderdale, FL**  
 29 **33315**  
 30 **Broward**

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

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **Lisa Eley**  
 82 Street Address (P.O. Box Number is Not Acceptable): **707 SW 7 St.**  
 83  
 84 City: **Fort Laud.** FL 85 Zip Code: **33315**

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: *Lisa Eley* DATE: **4/23/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>DPST</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>ELEY, LISA</b>             |                                 |
| STREET ADDRESS | <b>707 S.W. 7TH ST.</b>       |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33315</b> |                                 |
| TITLE          | <b>DV</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>ELEY, F. CANNON</b>        |                                 |
| STREET ADDRESS | <b>707 S.W. 7TH ST.</b>       |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33315</b> |                                 |
| 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    |                               |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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, on an attachment with an address

SIGNATURE: *Lisa Eley* DATE: **3/16/97**

CR2E034 (9/96)