

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000009388 (6)

1. Corporation Name  
HERITAGE AIR, INC.

Principal Place of Business  
490 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

Mailing Address  
490 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920-4226  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1995		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3292769		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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			
POPP, GREGORY A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCPHILLIPS, MICHAEL F			1.2 NAME			
STREET ADDRESS	450 CHALLENGER ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCPHILLIPS, JACQUELINE			2.2 NAME			
STREET ADDRESS	450 CHALLENGER ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, MICHAEL			3.2 NAME			
STREET ADDRESS	450 CHALLENGER ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Colvard, Alison Kerr-Hull		
STREET ADDRESS				4.3 STREET ADDRESS	450 Challenger Road		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Carey, T. Charles		
STREET ADDRESS				5.3 STREET ADDRESS	450 Challenger Road		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Cape Canaveral, FL 32920		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  3/28/97 407-799-4090 ex: 284

CR2E034 (9/96)