

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014823 (5)

1. Corporation Name

ALL ABOUT AIR, INC.

Principal Place of Business

8105 ALTAMA RD.
JACKSONVILLE FL 32216

Managing Officers

8105 ALTAMA RD.
JACKSONVILLE FL 32216

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Managing Officers

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

OWEN, RUSSELL D
8105 ALTAMA RD.
JACKSONVILLE FL 32216

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 607.01(1) and 607.01(2), Florida Statutes, the above named person has consented to the 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, as a person familiar with, and accept the obligations of, Section 607.01(1), Florida Statutes.

SIGNATURE

Signature of person authorized to execute this document

Signature of person authorized to execute this document

Date

12. OFFICERS AND DIRECTORS

TITLE D OWEN, RUSSELL D [] DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
8105 ALTAMA RD.
JACKSONVILLE FL 32216

TITLE [] DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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 business 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 of this report, or on an attachment without a line as

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



3. Date of Incorporation or Qualified

03/01/1995

3a. Date of Last Report

4. FEI Number

59-3293780

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

[X] Yes

[] No

10. Name and Address of New Registered Agent

CR2E034 (12/95)