SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

| FRESH AIR EXPRESS, INC.    1397 MASS CROCKE SUITE 106   SHIRING HILL FL 34006   SHIRING HILL FL 34006  | ANNUAL REPORT 1996  | ^. ***/   | ary of State<br>CORPORATIONS  |   |   |
|--|---|---|---|---|---|
| Majori Product of Business  We wass direct. Suffer 108  199 MASS DRICE. SUFF 108  199 MASS DRICE. SUFF 108  199 MASS DRICE. SUFF 108  190 MASS DRICE | Corporation Matric  | 0074635 (0)   | )   |   |   |
| A District Process of Sources of Sources of Sources (Source 1997 MASS CIRCLE SURE 106 Sources 1997 MASS CIRCLE SURE 106 Source 1997  | FRESH AIR EXPRESS, INC.   |   |   |   |   |
| SPRING HILL FL 34606  3. Oste Incorporated or Onahed Support 92 7/95  92 7/95  92 7/95  92 7/95  92 7/95  92 7/95  92 7/95  92 7/95  92 7/95  93 30 0ste Incorporated or Onahed 92 1 and Report 92 7/95  94 FLITIADDER 93 30 0ste Incorporated or Onahed 92 1 and Report 92 7/95  95 Subs. Act #, etc.   | incipal Place of Business   | Mailing Address   |   |   | #1 <b>310 #1106</b> 1018) #111 1001   |
| Pursuant to the provisions of Sentence DD Date and EOT 1996, Include Status Country   20   30   30   30   30   30   30   30  | 397 KASS CIRCLE. SUITE 106<br>PRING HILL FL 34606                                     |   |   |   |   |
| Suite, Apt #, etc.    Suite, Apt #, etc.   Souths, Apt #, etc.   | Principal Place of Business   | 2a. Mailing Address   |   | 4. FEI Number   | Applied For   |
| City & State    27    Country   Coun | Cuito Apt # atc   |   |   | <u> </u>  | \$8.75 Additional   |
| Zep   Country   Zep      | Suite, Apr. #, etc.   | 27  |   |   |   |
| 9. Name and Address of Corrent Registered Agent  THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  343 ALMERA AVENUE CORAL GABLES FL 33134  84 City MAKE CORAL GABLES FL 33134  85 City MAKE CORAL GABLES FL 33134  86 City MAKE CORAL GABLES FL 33134  87 City MAKE CORAL GABLES FL 33134  88 City MAKE CORAL GABLES FL 33134  89 City MAKE CORAL GABLES FL 33134  89 City MAKE CORAL GABLES FL 33134  89 City MAKE CORAL GABLES FL 33134  80 City MAKE CORAL GABLES C | City & State  | }₁ '  |   | Trust Fund Contribution   | Added to Fees   |
| 9. Name and Address of Current Registered Agent  THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  33 ALMERIA AVENUE CORAL GABLES FL 33134  84  City SALMER AVENUE CORAL GABLES FL 33134  85  Social Address (IP Coral Sections 607 6502 and 607 1508. Floridal Statutes, the above names proposition system) this statement for the purpose of cliency or registered agent, or both, in the State of Floridal Statutes, the above names proposition system) this statement for the purpose of cliency of sections are proposed office or registered agent, or both, in the State of Floridal Statutes, the above names proposition system) this statement for the purpose of cliency of sections are proposed office or registered agent, or both, in the State of Floridal Statutes, the above names proposition system) the statement for the purpose of cliency in the proposition of the state of Floridal Statutes are registered Agent.  FL STATE AND PROPER STATE OF STATE  | F-7   |   | <u></u>   |   | tax under si 199 032.<br>No   |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  343 ALMERIA AVENUE  CORAL GABLES FL 33134  853  864  CIV PLANA AVENUE  PRESAME TO PROGRAMMENT FL 857 SPRING HILL FL 34606  AND PINDER, MELODY B  12 PANS  PINDER, MELODY B  13 SPRING HILL FL 34606  PINDER, MARC W  |   |   |   | 10. Name and Address of New Registered  | Agent   |
| The control of the co | agent I am familiar with, and accept the objections                                   | aligations of, Section 607.0505,  | tutes, the above named of<br>s authorized by the courte<br>Florida statutes | Agration extensity this statement for the nurgose of  | changing its registere  |
| DELETE 11 TITLE 12 NAME  PINDER, MELODY B 12 NAME  REFLADORESS SPRING HILL FL 34606  IE SD DELETE 21 THE  SPRING HILL FL 34606  IF ST INTEL 34606  | Signature is and or printed in the of registered                                      | is join and with the same   | 13.   |   |   |
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| TY-ST-2IP SPRING HILL FL 34606 DELETE SD DELET |   | F 106   |   | 397 KASS CIECUE, SUITE TUE  | <b>)</b>  |
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| THE HUDSON, SCOTT T  1397 KASS CIRCLE, SUITE 106  3 STREET ADDRESS 1397 KASS CIRCLE, SUITE 106  3 STREET ADDRESS 1397 KASS CIRCLE, SUITE 106  3 STREET ADDRESS 14 CITY-ST-ZIP  THE  AME  THEE STREET ADDRESS 17-ST-ZIP  THE  THEE STREET ADDRESS 17-ST-ZIP  THE  THEE STREET ADDRESS 17-ST-ZIP  THE STREET ADDRESS 17-ST-ZIP  THEE STREET ADDRESS 17-ST-ZIP  THE STREET ADDRESS 17-ST-ZIP  THEE STREET ADDRESS 17-ST-ZI |   |   | 2 4 CITY ST. 7IP  | SPENG HILL R 3460C  | Change Add  |
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| AME  AME  AME  AME  AND  AME  AME  AME  AME  AME  AME  AME  AM   | SPRING HILL FL 34606  |   |   |   | Change Add  |
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| 4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statute  1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statute 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 made under oath, that I am an officer or director of the corporation or the exempowered to execute this report as required by Chapter 617, Florida Statute that my name appears in Brock A2 or Blog in the chapter 6.17 and attachment with an address.  | NAME  |   |   |   |   |
| 4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not guality for the extinguishment in a section in 30-tol).  I do hereby 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 further certify that I am ap officer or director of the composition or thereceiver or trusted empowered to execute this report as required by Chapter 617, Florida Statute that my name appears in Brock 2 or Blogh 12 if chapter, or un an attainment with an address.  | STREET ADDRESS  CITY - S1 - ZIP   |   | : 64CITY \$1.70   |   | Mr. Floredo Circulas I  |
| made under oath; that I am an officer or director of the deployation of the exercise of the ex | 14 Lido hereby certify that the information sur                                       | oplied with this filing is voluntari<br>d on this annual report or supp | lly furnished and does not d<br>ilameotal annual report is tr               | qualify for the exemption stated in Section 119,07(3) ue and accurate and that my signature shall have it would be executed by Chapter. | дк), пютаа statutes. I<br>he same legal effect a:<br>617. Florida Statutes. |
| Man Pala 1880 1880 1   | made under oath; that I am an officer or d<br>that my name appears in B'od 12 or Blog | irector of the carporation or the<br>h12 if charged, or in an attach    | ment with an address  |   |   |
| SIGNATURE: ON THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | SIGNATURE: YVE  | - CAT See   | From 1  | 1eway PMAR 8/5/96   | 686 104   |