

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

FILED
Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000077152 (3)

1. Corporation Name
CEDARS AIRFIELD, INC.



Principal Place of Business
**598 2ND STREET
 CEDAR KEY FL 32625**

Mailing Address
**P.O. BOX 117
 CEDAR KEY FL 32625-0117**

3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 11/13/1996
4. FEI Number 59-3342953	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**HELLERMANN, DORIS
 598 2ND STREET, P.O. Box 117
 CEDAR KEY FL 32625**

10. Name and Address of New Registered Agent

81 Name HELLERMANN, DORIS
82 Street Address (P.O. Box Number is Not Acceptable) 598 2nd Street, P O Box 117
83
84 City Cedar Key
85 Zip Code FL 32625

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANKS, MARVIN L	
STREET ADDRESS	COLFAX ROAD NO. 1	
CITY-ST-ZIP	COLFAX WV 26566	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MINER, FRED	
STREET ADDRESS	RT. 12 BOX 439	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELLERMANN, DORIS	
STREET ADDRESS	598 2ND STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEST, JOE JR.	
STREET ADDRESS	RT. 4 BOX 101-D	
CITY-ST-ZIP	GRAFTON WV 26354	
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 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, or on an attachment with an address.

SIGNATURE: *Doris Hellermann* **REQUIRED** Date: *Jan 4, 1997* (352) 543-5581

CR2E034 (9/96)