

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

FILED

**May 16 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 # P95000081550 (2)

1. Corporation Name
AIR DIVERSIFIED, INC.



Principal Place of Business
**16715 S.W. 82ND COURT
MIAMI FL 33157**

Mailing Address
**16715 S.W. 82ND COURT
MIAMI FL 33157-3603**

3. Date Incorporated or Qualified **10/20/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **136 N. Rolling Hill Rd.**
Suite, Apt. #, etc.
22
City & State
23 **Tavernier, Fla. 33070**
Zip Country
24 25

2a. Mailing Address
26 **136 N. Rolling Hill Rd.**
Suite, Apt. #, etc.
27
City & State
28 **Tavernier, Fla. 33070**
Zip Country
29 30

4. FEI Number **65-0616324** Applied For Not Applicable
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

**HAGAN, MARSHALL G
14540 S.W. 138TH STREET, SUITE 102
MIAMI FL 33186**

10. Name and Address of New Registered Agent

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: *Marshall G. Hagan* : **MARSHALL G. HAGAN** DATE: **4/30/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAGAN, MARSHALL G
STREET ADDRESS	16715 S.W. 82ND COURT
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAGAN, MICHELE W
STREET ADDRESS	16715 S.W. 82ND COURT
CITY-ST-ZIP	MIAMI FL 33157
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hagan, Marshall G.
1.3 STREET ADDRESS	136 N. Rolling Hill Rd.
1.4 CITY-ST-ZIP	Tavernier, Fla. 33070
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hagan, Michele W.
2.3 STREET ADDRESS	136 N. Rolling Hill Rd.
2.4 CITY-ST-ZIP	Tavernier, Fla. 33070
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: *Marshall G. Hagan* : **MARSHALL G. HAGAN** DATE: **4/30/97** (305) 342-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)