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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008836 (4)

RJD AIR, INC.

Mailing Address

## **FILED** May 12 1998 8:00am Secretary of State



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GULFPORT FL	. 33707			G	BULFPORT	FL 3370	17				DO NOT WRITE IN THIS	SP	ACE			
											3. Date Incorporated or Qualified					
											01/25/1996					
2. Principal Place of Business 21 4563 CENTRAL AVENUE					2a. Mailing Address						4, FEI Number			App	lied For	
<b>4563</b>	CENTRA	L AV	ENUE	26			TRAL /	<b>AVEN</b>	IUE		59-3376991			-	Applicable	
Suite, Apt.	#, elc.			$\perp$	Suito, A	Apt. #, etc	C.				5. Certificate of Status Desired			'5 Ad ∍Red	ditional	
22				27	0.0	0										
CT DETERCRIBA EI					City & State ST. PETERSBURG, FL						6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
23		28]	Zip			Countr			8. This corporation owes or has paid the c	urre						
	3	_	•	29	337	13	30	US			Personal Property Tax due June 30.		Yes			
27	1			1			1321	<u> </u>			10. Name and Address of New Registered	Ā	jent			
RFI						T		81	ΠÑ	ame						
961 810		82 Street Add					reet Add	ress (P.O. Box Number is Not Acceptable)	—							
City & State  23 ST. PETERSBURG, FL  Zip  24 33713 25 US  9. Name and Address of Currer  BERGER, TODO ESQ. 810 63RD AVE., NORTH ST. PETERSBURG FL 33702  11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent I am familiar with, and accept the oblig  SIGNATURE  SIGNATURE  12. OFFICERS AN  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  GULFPORT FL 33707  TITLE  NAME STREET ADDRESS									٦ '	i eet Muul	iless () (O: Dox laminos, is tant vocabigolis)					
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11. Pursuant	to the provis	ions of S	Sections 607.050	2 and 6	307.1508	, Florida	Statutes, th	e abov	ve-na	med corp	poration submits this statement for the purpose	of c	hangir	ng its	registered	
office or r	egistered aç ım familiar w	jeni, or i ith, and	poin, in the State accept the oblig	or Fiori ations o	ida. Sucr of, Sectio	n 607.05	was autho 05, Florida	Statute	Dy Line BS.	Corporal	mon's board of directors. Thereby accept the ap	pon	10110111	1 65 1	giatorou	
SIGNATURE																
	Signature, types	or printed				le			gent s	gnature requi	pred when reinstating) DATE	UD I	NDEC.	TORS	1NI 12	
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The body compared the information stupping with the information studies in the port of 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: