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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

SEEMANN, ERNEST A

Suita, Apt. #, etc.

City & State

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Zφ



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024503 (0)

Country

9. Name and Address of Current Registered Agent

M-AIR ZEDT CORPORATION

Principal Place of Business Mailing Address

235 DIVINCI DRIVE 235 DIVINCI DRIVE
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-6343

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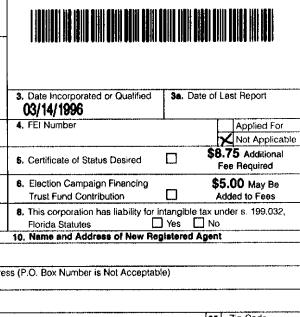
2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## FILED Apr 21 1997 8:00am Secretary of State



4729 DEL PRADO BOULEVARD Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City 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 Sign nure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1.1 TITLE THE **BOBOWSKI, MITCHELL** CR2E034 12 NAME NAME 235 DIVINCI DRIVE 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** 1.4 CiTY-ST-ZIP CHY-\$1-76 Change Addition DELETE 2.1 TITLE HILE 2.2 NAME NAME 2.3 STREET ADDRESS STHEEL ADDRESS 2.4 CITY-ST-ZIP 001Y-\$1-7P Change Addition DELETE 3.1 TITLE HILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - S1 - ZIP Change Addition DELETE 4.1 TITLE HILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADGRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIF DELETE Change Addition 5.1 TITLE ?III.E 5.2 NAME LAM? 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(TY - S1 - 7)P DELETE Change Addition TILLE **6.1 TITLE** NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP D11Y - 51 - 7/F

Country

81 Name

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14. I do hereby certily that the information supplied with this filling 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 portoration 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 it franged, or on an attachment with an address.

SIGNATURE:

SHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97

941-637-9899

Daytinie Phone