

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 25 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000032072 (6)

1. Corporation Name
SUPPORT AIR, INC.

Principal Place of Business

Mailing Address

7822 NW 56TH ST
MIAMI FL 33166

7822 NW 56TH ST
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 04/12/1996 | | | |
| 22 City & State | | 27 City & State | | 4. FEI Number | | Applied For | |
| 23 Zip | | 28 Zip | | 65-0659186 | | Not Applicable | |
| 24 Country | | 29 Country | | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. | | Yes No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAKA, KURT
7822 NW 56TH ST
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PRESIDENT | 1.1 TITLE | |
| NAME | KURT C. KRAKA | 1.2 NAME | |
| STREET ADDRESS | 9702 COSA DEL SOL MIAMI, FL. 33178 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VICE-PRESIDENT | 2.1 TITLE | |
| NAME | ROSS BLEUSTEIN | 2.2 NAME | |
| STREET ADDRESS | 2519 GOLF VIEW DRIVE FORT LAUDERDALE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 33227 FL. | 2.4 CITY-ST-ZIP | |
| TITLE | SECRETARY | 3.1 TITLE | |
| NAME | PAUL BLEUSTEIN | 3.2 NAME | |
| STREET ADDRESS | 721 LAUREL LANE EAST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES, FL. 33027 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

CP2E034 (4/97)