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Apr 28 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 # P96000057824 (0)

1. Corporation Name
NUAIR, INC.

Principal Place of Business
2820 S.E. MARKET PLACE
STUART FL 34997

Mailing Address
2820 S.E. MARKET PLACE
STUART FL 34997-4965



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1996		3a. Date of Last Report N/A	
21 2800 S.E. Market PL.		26		4. FEI Number 65-0688202		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

NATIONAL CORPORATED RESEARCH LTD., INC.
1406 HAYS STREET
NO. 2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	P, D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward M. Sellian	1.2 NAME	
STREET ADDRESS	6774 SE Isle Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL	1.4 CITY-ST-ZIP	
TITLE	V, S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Ranieri	2.2 NAME	
STREET ADDRESS	629 SE Southwood Trail	2.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL	2.4 CITY-ST-ZIP	
TITLE	V, T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Houghton	3.2 NAME	
STREET ADDRESS	5655 Pot O Gold Pl	3.3 STREET ADDRESS	
CITY-ST-ZIP	Stuart FL 34997	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Robert Ranieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

561-221-1754

Daytime Phone #

0472791

CR2E034 (9/96)