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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000072167 (5)

FASTAIR CORPORATION

FILED Jun 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							E SANDIANNI IIN INGINE ASUL ANDEI DAIII NA	(a) ab ant about sub		ii ibbi ibbi
980 ROGERO JACKSONVILLI	ROAD UNIT 10 E FL 32211		POST OFFICE BOX 11838 JACKSONVILLE FL 32239-1838							
							3. Date Incorporated or Qualified 08/27/1996	3a. Date	of Last F	Report
· · ·	lace of Business	·	2a. Mailing Address				4. FEI Number 59 - 3424	145K		pplied For
Suite, Apt.	# etc	26 Suite	Suite, Apt. #, etc.				5/-5725			ot Applicable Additional
22	m, 010.		27				5. Certificate of Status Desired	X .		Additional periupe
City & State	6		City & State				Election Campaign Financing \$5.00 May Be			
23		28	<u> </u>				Trust Fund Contribution Added to Fees			
Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,			
24	9, Name and Address of Currer	29	Agent	30			Florida Statutes X Yes No 10. Name and Address of New Registered Agent			
. IDA		it italiatared	Agont		B1.	Name	IV. Haine and Address of New Ne	gistoreu Agi		
ITIA,	, stephen r Rogero road Unit 10									
	KSONVILLE FL 32211					Street Address (P.O. Box Number is Net Acceptable)				
, 410	MOONINGE IE OFFI				83					
					84	City			35 Zip	Code
						Ť		FŁ I	1	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation.	2 and 607.15 of Florida. St ations of, Sec	08, Florida Statut uch change was a tion 607,0505, Flo	es, the al authorize orida Stat	pove d by utes	e-named cor the corpora :.	poration submits this statement for the abon's board of directors. I hereby acce	purpose of ch pt the appoin	anging (f ment as	ts registered registered
SIGNATURE										
12,	Signature, typed or printed name of registered agent and title if applicable. (NOTE, R OFFICERS AND DIRECTORS				ingistered Agent algorature require		ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	RECTOR	3S IN 12
TITLE	DELETE			1,1 70	TLE		VICE PRESIDENT		Change	X Addition
NAME				1.2 N	\MC					
STREET ADDRESS				1.3 \$1	HEE1.	ADDRESS	ERIC NORD 912 SARATOGA RD			
CITY-ST-ZIP				14 CITY-ST-ZIP			JACKGONVILLE, FL	32207		
TITLE		☐ DELETE	21 TITLE					Change	Addition	
NAME			2.2 N							
_STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	2 4 G 3.1 H		T - ZiP			Change	Addition
NAME			La Dittil	3.1 H		}		b i	Onlingo	L Noumon
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CITY-ST-ZIP			3.4. C			1				
THLE	DELETE			4.1 10					Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET.	ADDRESS				
CITY-ST-ZIP				4.4 CI	1Y-S1	T - ZIP				
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NAME				5.2 N/	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			T be est	5.4 C		I - ZIP		·····	Charrie	A 440.
TITLE		[_] DELETE			ll.€			L	Change	Addition
NAME			•	6.2 N						
STREET ADDRESS				4		ADDRESS				
CITY-ST-ZIP				64 C	TY-SI	1 - ZIP	440 0910(1) 51			

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.

() ERIGNORD