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 # P96000094326 (1)

BEL AIR TRANSPORT, INC.

Principal Place of Business	Mailing Address	—
1560 SW 23RD STREET FORT LAUDERDALE FL 33315 US	1560 SW 23RD STREET FORT LAUDERDALE FL 33315 US	

FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

)	11/10/1990)				
2.	Principal Place	of Busine	ess	2a. Mail	2a. Mailing Address				4.	FEI Number		_	A	oplied For	
21					26					65-07 <u>085</u>	10		N	ot Applicable	
	Suite, Apt. #, etc	C		Suite	Suite, Apt. #, etc.					Certificate of S	tatus Desired			Additional	
22		27					6. Certificate of Status Desired						Fee R	equired	
	City & State	tate City & State							6.	Election Campa	aign Financing		\$5.00	May Be	
23		28								Trust Fund Cor	tribution		Added	to Fees	
	Zıp		Country	Zip		Countr	ry ¯		8. This corporation owes or has paid the current year Intangible						
24			15	29	11 11				Personal Property Tax due June 30. Yes No						
9. Name and Address of Current Registered Agent									10.	Name and Ad	dress of New F	<u>Registere</u>	d Agent		
	KAISER	R, CHRIS	STINE			81	1	Name							
	1560 SI	W 23RD	STREET			8	82 Street Address (P.O. Box Number is Not Acceptable)								
FORT LAUDERDALE FL 33315							and the state of t								
						83	83								
						Ļ									
								84 City FL 85 Zip Code							
11															
	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 for 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 flamful with, and accepting obligations of Section 607.0505, Florida Statutes.														
SIGNATURE CONFIC (COUSE) Tresident												$\varphi / 1$	8/YB		
Signature, typed or printed name of registered agent and lifth if applicable (NOTE: Registers								signatura require	d when	reinstating)		DATE	/ -		
12			OFFICERS	AND DIRECTOR		13.			A	ADDITIONS/CHA	ANGES TO OFF	ICERS A	ND DIRECTO	RS IN 12	
TIT	. , –	•			DELETE	1.1 TITLE							Change	Addition	
NAP	w∈ K	aiser,	Christine			1.2 NAME	E							-	
STF	REET ADDRESS 1	APAA AUU AADD ATBEET				1.3 STREE	ET AC	DDRESS							
Cit	Y-S1-ZIP F	FORT LAUDERDALE FL 33315				1.4 CITY-	ZIP								
TIT					DELETE	2.1 TITLE							Change	Addition	
NAI	Mf					2.2 NAME	Ē								
	HEET ADDRESS					2.3 STREE		noress							
	Y-\$1-ZIP					2. 4 CITY		l l							
TiT					DELETE	3.1 TITLE							Change	Addition	
NAJ	MF					3.2 NAME	E								
	REET ADDRESS					3.3 STREE		DDRESS							
	Y-ST-ZIP					3.4. CITY		- 1						i	
TITI					DELETE	4.1 TITLE				·			Change	Addition	
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	REET ADDRESS					4.3 STREE		JUBEGG							
	1					4		l l						1	
TITI	Y-ST-ZiP				DELETE	4.4 CITY- 5.1 TITLE		ZIF					Change	Addition	
					_ >								- change		
NA!						5.2 NAME								ì	
	REET ADDRESS					5.3 STREE									
	Y · ST - ZIP				DELETE	5.4 CITY -		ZIP					Charre	Adam	
TITI					☐ DELETE	6.1 TITLE							☐ Change	Addition	
NAI						6.2 NAME									
STF	REET ADDRESS					6.3 STREE	1A T3	DDRESS							
	Y-ST-ZIP			·		6.4 CITY									
14	 I hereby certify indicated on the 	y that the	information supplied	d with this filing o	does not qualify foot	or the exem	iptio hat	on stated in S my signature	Section e shal	n 119.07(3)(i), F I have the same	florida Statutes.	I further	certify that the under path: th	information	