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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102827 (8)

AIRSTRIKE INC.

Principal Place of Business Mailing Address
4151 NORTH ATLANTIC AVE. 4435 OLYMPIC DR

4435 OLYMPIC DRIVE GOGOA FL 32927-3533

FILED May 06 1997 8:00am Secretary of State



3. Date Incorporated 12/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	or Qualified 3a. Date of Last Report
	Applied For
26 3799 S. Banana River Blvd. 59-3418954	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 No. 612 5. Certificate of Status	s Desired S8.75 Additional Fee Required
City & State City & State 6. Election Campaign 28 Cocoa Beach, Florida 1 rust Furid Contribu	- ++:,
7	as liability for intangible tax under s. 199.032.
24 25 29 32931 30 Florida Statutes	Yes X No
· · · · · · · · · · · · · · · · · · ·	ss of New Registered Agent
FETKO, JASON 81 Name	
4151 NORTH ATLANTIC AVE. 82 Street Address (P.O. Box Number is 1	Not Acceptable)
COCOA BEACH FL 32931	,
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 stater office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors.	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés. SIGNATURE	
Signature typed or printed nanie of registered agent and life if applicable (NCTL: flagistered Agent signature required when reinstaling)	DATE
	GES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE	Change 🛄 Addition
NAME FETKO, JASON 1.2 NAME	
STREET ADDRESS 4435 OLYMPIC DRIVE 1.3 STREET ADDRESS 3799 S. Banana 1 COCOA FL 32937 COCOA Reach. FL	River Blvd., No. 612
The state of the s	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition ☐
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-S1-7IP 2.4 CITY-S1-7IP	
TOTLE DELETE 3.1 YOUE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP	0
	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
—] Change] Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP	Observe Address
	L] Change
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 Lide bereby certify that the information supplied with this filling door not qualify for the examples aloted in Section 110 C7/3V/0. El	Jorida Ctalistan I freshor partity that the

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.

MANATURE.

A /2E /07

/**** *** ***