

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000008502
 Corporation Name
PEOPLES AIR INC.

 Principal Place of Business
260 WHITFIELD PARK DRIVE
UNIT J20
SARASOTA FL 34243

 Mailing Address
2260 WHITFIELD PARK DRIVE
UNIT J20
SARASOTA FL 34243
FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90034 046 ***550.00



DO NOT WRITE IN THIS SPACE

| | | | | |
|--|--|---|--|--|
| 3. Date Incorporated or Qualified 02/01/1997 | | 4. FEI Number 65-0725059 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 9. Name and Address of Current Registered Agent NELSON, SCOTT 2260 WHITFIELD PARK DRIVE UNIT J20 SARASOTA FL 34243 | | 10. Name and Address of New Registered Agent Scott T. Nelson 2260 Whitfield Park Dr. J-20 SARASOTA FL 34243 | | |

1. Pursuant to the provisions of sections 607.0502 and 607.1506, 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: Scott T. Nelson, Owner DATE: 7/1/99
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 2. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE NELSON, SCOTT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NELSON, SCOTT | | 1.2 NAME 2260 WHITFIELD PARK DR, UNIT J20 | |
| STREET ADDRESS 2260 WHITFIELD PARK DR, UNIT J20 | | 1.3 STREET ADDRESS SARASOTA FL 34243 | |
| TY-ST-ZIP SARASOTA FL 34243 | | 1.4 CITY-ST-ZIP SARASOTA FL 34243 | |
| TITLE Sec/Treasurer | <input type="checkbox"/> DELETE | 2.1 TITLE JENNIE L. NELSON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JENNIE L. NELSON | | 2.2 NAME 2260 WHITFIELD PARK DR. J-20 | |
| STREET ADDRESS 2260 WHITFIELD PARK DR. J-20 | | 2.3 STREET ADDRESS SARASOTA FL 34243 | |
| TY-ST-ZIP SARASOTA FL 34243 | | 2.4 CITY-ST-ZIP SARASOTA FL 34243 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| TY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| TY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| TY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| TY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

4. I 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Scott T. Nelson
 Date: _____ Daytime Phone #: _____

941-739-2200

CR2E034 (5/99)