


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90151 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000105678**

1. Corporation Name  
**LPM AIR, INC.**



Principal Place of Business 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA FL 32501	Mailing Address 316 S. BAYLEN ST., 6TH FLOOR PENSACOLA FL 32501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date incorporated or Qualified 12/21/1998	Applied For Not Applicable
4. FEI Number 59-3562904	
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 Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  CAMPBELL, JAMES S 3 W. GARDEN ST., STE. 700 PENSACOLA FL 32501
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PAPANTONIO, J. MICHAEL
STREET ADDRESS	316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	LEVIN, FRED
STREET ADDRESS	316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	LEVIN, MARTIN
STREET ADDRESS	316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	MORRIS, R. LARRY
STREET ADDRESS	316 S. BAYLEN ST., 6TH FLOOR
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 authority, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/23/99 DAYTIME PHONE #: 850 435-7165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)