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



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Feb	10	1997	8:00am					
Se	ecre	tary c	of State					

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COF ANNU	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Feb 10 1997 8:00an Secretary of State				
	MENT # S2244 A AIRLINES, INC.	-5 (8)							
Principal Plac 1596 SW BAYS PORT ST. LUC US	SHORE BLYD	% S 102 POF	ling Address SHANN'S TAX SERVICE. S.W. PISCES TERR. IT 6T. LUCIE FL 94094	4422	ant Du		 	81811 3 (8(5)7)(*
			86 SW E	AYSHO FL	34983	15/50/ 1000		ate of Last R /19/1996	eport
<u> </u>	lace of Business	26	Mailing Address			4. F£! Number 65-0241961		No	oplied For of Applicable
Suite, Apt.		27	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 4	Country 25	29	Zip	Counti 30	у	8. This corporation has liability for Florida Statutes	Yes	□ No	. 199.032,
HiG	Name and Address of Curr GINS, JAMES S.	ent Registe	red Agent	8.	Name	10. Name and Address of New R	egistered	Agent	
240	0 S. FEDERAL HWY.			82	2 Street Addre	ess (P.O. Box Number is Not Accepta	ble)	 -	
	TE 400			83					
810	JART FL 34994				<u> </u>				
				84	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered a	special difficult	anplicable: (NOTE	Registrico A	ve-named corporations the corporations and signature requires		DATE		
12.	OFFICERS A	ND DIRECT	ORS	13. 1.1 Thue		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR Change	
NAME	STUART, KEVIN		C DITTIE	1.7 MAME					Addition
STREET ADDRESS	9 NAUTILUS CRESENT ST HUBERTS ISL, AUSTRAL	IΔ		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP TITLE	VD TOBERTO IDE, ACORDA	4/3	DELETE	1.4 CITY- 2.1 TITLE	S1-7 2	·		Change	Additio
NAME	BLEASDALE, DESMOND		_	2.7 NAME				onling.	
STREET ADDRESS	9 NAUTILUS CRESENT			2.3 STREE	LADORESS				
CITY-ST-ZIP	ST HUBERTS ISL, AUSTRAL	IA		2 4 CHY					
TITLE	D STUART, GREGORY		DELETE	3 1 TITLE)			Change	Additio
name Street address	9 NAUTILUS CRESENT			3.2 NAME	T ADDRESS				
CITY-ST-ZIP	ST HUBERTS ISL, AUSTRAL	IA		3.4. CITY					
TITLE	STD		DELETE	4.1 TOLE	21.211			Change	Additio
NAME	STUART, GLYNIS			4. 2 NAMI					
STREET ADDRESS	9 NAUTILUS CRESENT			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST HUBERT ISL, AUSTRALIA		Britze	4.4 CITY-	\$1 - 7IP				
TITLE	d Lowry, William		☐ DELETE	5.1 TILE				Change	Additio
NAME STREET ADDRESS	3330 NE INDIAN RIVER DR			5.2 NAME					
CITY-ST-ZIP	JENSEN BCH FL			53 STREE	L ACURESS				
TITLE			DELETE	61 TITLE	or-Cir	······································		Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				1	T ADDRESS				
CITY-ST-ZIP				6.4 CITY	1				

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.