

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S23621**  
1. Corporation Name  
**AIR 15, INC.**

3-6-96 B-1926-C  
(3)



Principal Place of Business: **1390 VIEWTOP DR CLEARWATER FL 34624-3737 US**  
Mailing Address: **1390 VIEWTOP DR CLEARWATER FL 34624-3737 US**

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

3. Date Incorporated or Qualified: **01/08/1991**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-3045686**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **BYCROFT, PETER R. 1390 VIEWTOP DR CLEARWATER FL 34624**

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: **FL**

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 to either with, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>D BYCROFT, PETER R.</b>	<input type="checkbox"/> DELETE	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>2124 BELL-CHEER CLEARWATER FL</b>		1.2 NAME:	
12.3 CITY, ST, ZIP:		1.3 STREET ADDRESS:	<b>1390 Viewtop Dr.</b>
12.4 TITLE:		1.4 CITY, ST, ZIP:	<b>Clearwater, FL 34624</b>
12.5 NAME:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS:		2.2 NAME:	
12.7 CITY, ST, ZIP:		2.3 STREET ADDRESS:	
12.8 TITLE:	<input type="checkbox"/> DELETE	2.4 CITY, ST, ZIP:	
12.9 NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS:		3.2 NAME:	
12.11 CITY, ST, ZIP:		3.3 STREET ADDRESS:	
12.12 TITLE:	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP:	
12.13 NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		4.2 NAME:	
12.15 CITY, ST, ZIP:		4.3 STREET ADDRESS:	
12.16 TITLE:	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP:	
12.17 NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:		5.2 NAME:	
12.19 CITY, ST, ZIP:		5.3 STREET ADDRESS:	
12.20 TITLE:	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP:	
12.21 NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:		6.2 NAME:	
12.23 CITY, ST, ZIP:		6.3 STREET ADDRESS:	
12.24 TITLE:	<input type="checkbox"/> DELETE	6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: **2-29-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **813-441-1511**

CR2E034 (12/95)