
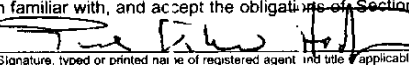


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90186 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V62053					
1. Corporation Name MARIEN AIR INC.					
Principal Place of Business 7990 15TH STREET EAST SARASOTA FL			Mailing Address 8050 W MCNAB RD SUITE 108 TAMARAC FL 33321 US		
2. Principal Place of Business 21 1725 West Commercial Blvd Suite, Apt. #, etc. 22 Hanger 3 City & State 23 Ft. Lauderdale - FL Zip 24 33309 Country 25 USA		2a. Mailing Address 26 1725 West Commercial Blvd Suite, Apt. #, etc. 27 Hanger 3 City & State 28 Ft. Lauderdale FL Zip 29 33309 Country 30 USA		3. Date Incorporated or Qualified 09/03/1992	
4. FEI Number NOT APPLICABLE		Applied For 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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent KURTZ, JOHN D. 388 S. MILITARY TRAIL WEST PALM BEACH FL 33415		81 Name Hodges, Paul T. 82 Street Address (P.O. Box Number is Not Acceptable) 8050 W. MCNAB RD 83 84 City Tamarac 85 Zip Code FL 33321		10. Name and Address of New Registered Agent	
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: 31 March 99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME HODGES, PAUL T. STREET ADDRESS 8050 W MCNAB RD CITY-STATE-ZIP TAMARAC FL 33321			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

14. 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, with all other like empowered.

SIGNATURE:  **31 March 99** **954-776-5330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)