

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074244 (9)
 1. Corporation Name
AIRSTOCKS, INC.

Principal Place of Business 1010 CORAL RIDGE DR., STE. 103 CORAL SPRINGS FL 33071	Mailing Address 1010 CORAL RIDGE DR., STE. 103 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1997	
21		26		4. FEI Number 65-0777980	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMAS, JEFFREY G 1010 CORAL RIDGE DR., STE. 103 CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/C/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JEFFREY G	1.2 NAME	THOMAS, JEFFREY G.
STREET ADDRESS	1010 CORAL RIDGE DR., STE. 103	1.3 STREET ADDRESS	1010 CORAL RIDGE DR., SUITE 103
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL A	2.2 NAME	THOMAS, MICHAEL A.
STREET ADDRESS	1010 CORAL RIDGE DR., STE. 103	2.3 STREET ADDRESS	333 NW 120TH TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BROWN, DAVID H.
STREET ADDRESS		3.3 STREET ADDRESS	2414 N. 26TH AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	THOMAS, NANCY
STREET ADDRESS		4.3 STREET ADDRESS	333 NW 120TH TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	THOMAS, ELIZABETH A.
STREET ADDRESS		5.3 STREET ADDRESS	1010 CORAL RIDGE DR., SUITE 103
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
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	
CITY-ST-ZIP		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)(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: _____ **JEFFREY G. THOMAS** 12 MARCH 1998

CFR2034 (10/97)