

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F28176 (8)
1. Corporation Name
TAFT AIR, INC.



Principal Place of Business: **59 SECOND AVE. P.O. BOX 195 RARITAN NJ 08869**
Mailing Address: **59 SECOND AVE. P.O. BOX 195 RARITAN NJ 08869**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04/02/1981		01/31/1995
4.	FELI Number	Applied For	
	22-2379186	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
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SHAPIRO, FLOYD
1300 NORTH FED. HWY
BOCA RATON FL 33432**

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 officer 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: _____

12. OFFICERS AND DIRECTORS

1	NAME: PD RICHARD, STEPHEN	<input type="checkbox"/> DELETE
	STREET ADDRESS: 53 PRESTON DRIVE	
	CITY-STATE-ZIP: SOMERVILLE NJ	
2	NAME:	<input type="checkbox"/> DELETE
	STREET ADDRESS:	
	CITY-STATE-ZIP:	
3	NAME:	<input type="checkbox"/> DELETE
	STREET ADDRESS:	
	CITY-STATE-ZIP:	
4	NAME:	<input type="checkbox"/> DELETE
	STREET ADDRESS:	
	CITY-STATE-ZIP:	
5	NAME:	<input type="checkbox"/> DELETE
	STREET ADDRESS:	
	CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME:	
13	STREET ADDRESS:	
14	CITY-STATE-ZIP:	
21	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME:	
23	STREET ADDRESS:	
24	CITY-STATE-ZIP:	
31	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME:	
33	STREET ADDRESS:	
34	CITY-STATE-ZIP:	
41	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME:	
43	STREET ADDRESS:	
44	CITY-STATE-ZIP:	
51	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME:	
53	STREET ADDRESS:	
54	CITY-STATE-ZIP:	
61	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME:	
63	STREET ADDRESS:	
64	CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this form was 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. Attach an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 908-725-8553
Date: _____ Office Phone: _____

CR2E034 (12/95)