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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L52110

AIRGROUP AMERICA, INCORPORATED

Principal Place	of Business	Mailing Address						(DIS BIRDI (BR)
AIRGROUP AMERICA INC		6848 NW 20TH AVE						
6848 NW 20TH AVENUE		SUITE 1007			DO NOT MIDITE IN THIS SOASE			
FT. LAUDERDALE FL 33309		FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE			
US		US				Date Incorporated or Qualifed 02/22/1990		
		10 10 T 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4. FEI Number	T Ani	olied For
 '	ace of Business	2a. Mailing Address	ac	ith Ac	ve!	65-0173272	<u> </u>	Applicable
21	# _1_	26 6 8 4 8 7 W Suite, Apt. #, etc.	<u> </u>	110	, _		-\$8.75-A	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired —	Fee Re	I
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	——	·da	le, Fl	_	Trust Fund Contribution	Added to	
Zip	Country	Zip _	Cour	itry t		8. This corporation owes the current year	Intangible	
24	25	29 33304 3	10	\circ		Personal Property Tax.		□No
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Register	ed Agent	
				81 Name				
GRIEME, STEPHEN P.		82 Street A		Addres	dress (P.O. Box Number is Not Acceptable)			
2429 NE 25 ST.		· ·		00017	iddless (F.O. Dox Humber to Mac Pessphallo)			
LIGH	THOUSE PT FL 33064			83				
				84 City		•	85 Zip C	code
			1			F	·L _	
office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	horized	by the corpo	corpor ration	ration submits this statement for the purpose 's board of directors. I hereby accept the ap	ot changing its pointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered /	Agent signature re	quired v	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPST	☐ DELETE	1,1 ∏∏	.E	V.	- C	☐ Change	Addition
NAME	GRIEME, STEPHEN		1.2 NA	.c +		~ (460 - 197)		
STREET ADDRESS	6848 NW 20TH AVENUE			n= .	Jō	anne sosur	ene	
CITY-ST-ZIP	FT. LAUDERDALE F		1.3 STF			anne Susan Gr	eme	
TITLE						the NW 20th Al	L 33	309
NAME		☐ DELETE		REET ADDRESS		148 NW 2011 AL		3 09
		☐ DELETE	1,4 CIT	REET ADDRESS Y-ST-ZIP LE		the NW 20th Active F	L 33	
STREET ADDRESS		☐ DELETE	1.4 CIT 2.1 TITI 2.2 NA	REET ADDRESS Y-ST-ZIP LE		4. Lauderdale F	L 33	
STREET ADORESS CITY-ST-ZIP		DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF	REET ADDRESS Y-ST-ZIP LE ME		4. Lauderdale F		Addition
		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		4. Lauderdale F	L 33	
CITY-ST-ZIP			1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		4. Lauderdale F		Addition
CITY-ST-ZIP			1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		the NW 20th Al		Addition
CITY-ST-ZIP TITLE NAME		DELETE	1.4 CIT 2.1 TITI 2.2 NAI 2.3 STE 2.74 CIT 3.1 TITI 3.2 NAI 3.3 STE	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		the NW 20th Al	□ Change	Addition
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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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90058 010 ***150.00