


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

CORPORATION ⁵⁻¹⁻⁹⁵  B - FLORIDA DEPARTMENT OF STATE
 ANNUAL REPORT ⁶⁰⁶⁵⁰
 1995
 DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M37108** (1)
 1. Corporation Name
F.M.P. AIR, INC.

Principal Place of Business: **15268 79 TERRACE NORTH
PALM BEACH GARDENS FL 33418
US**
 Mailing Address: **15268 79 TERRACE NORTH
PALM BEACH GARDENS FL 33418
US**

2. Principal Place of Business: **21** State: **FL** City & State: **22** Zip: **33418**
 2a. Mailing Address: **26** State: **FL** City & State: **27** Zip: **33418**
 2b. Country: **28** Country: **29** Country: **30**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **08/20/1986** 3a. Date of Last Report: **04/14/1994**
 4. FEI Number: **59-2721382** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent
11. PURSUANT TO THE PROVISIONS OF SECTIONS 607.05(2) AND 607.15(8), 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, SECTIONS 607.05(2) AND 607.15(8), FLORIDA STATUTES.
 SIGNATURE: **MILLON, FERNANDO**
15268 79 TERRACE NORTH
PALM BEACH FL 33418
 B1. Name: **MILLON, FERNANDO**
 B2. Street Address (P.O. Box Number is Not Acceptable): **15268 79 TERRACE NORTH**
 B3. City: **PALM BEACH** B5. Zip Code: **33418**

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MILLON P., FERNANDO
STREET ADDRESS	15268 79 TERRACE NORTH
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	V
NAME	BOUVER, JOHN F. JR.
STREET ADDRESS	1242 TRUSH AVE.
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	D
NAME	MILLON, MAYTE
STREET ADDRESS	15268 79 TERRACE NORTH
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	MILLON, FERNANDO ANTONIO
STREET ADDRESS	15268 79 TERRACE NORTH
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	MILLON, PRISCILLA MARIA
STREET ADDRESS	15268 79 TERRACE NORTH
CITY, ST, ZIP	PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	FERNANDO P MILLON
CITY, ST, ZIP	15268 79 TERRACE NORTH
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNANDO P MILLON
STREET ADDRESS	15268 79 TERRACE NORTH
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	FERNANDO P MILLON
CITY, ST, ZIP	15268 79 TERRACE NORTH
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	MARCELINE MILLON
CITY, ST, ZIP	15268 79 TERRACE NORTH
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	MARCELINE MILLON
CITY, ST, ZIP	15268 79 TERRACE NORTH

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included in 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 registered agent of the corporation and that I am qualified to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE:  **Fernando Millon** President Date: **4/27/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M37693** (2)

1. Corporation Name
HOLLY HUGDAHL, CPA, P.A.

Principal Office Address: **C/O HOLLY HUGDAHL, 10472 TAFT ST, PEMBROKE PINES FL 33026**
Mailing Address: **C/O HOLLY HUGDAHL, 10472 TAFT ST, PEMBROKE PINES FL 33026**

APPROVED
50 MAY 11 1996
SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

9. Date Report Filed: **09/02/1986** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2721184** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees
Trust Fund Contribution:

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Office City: **21** 2a. Mailing Address: **26**
State Apt # etc: **22** State Apt # etc: **27**
City & State: **23** City & State: **28**
County: **24** County: **25** City: **29** County: **30**

9. Name and Address of Current Registered Agent
**HUGDAHL, HOLLY
10472 TAFT ST
PEMBROKE PINES FL 33026**

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. I, the undersigned, being a resident of the State of Florida and duly qualified, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above city, county and state 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 a resident of the State of Florida and the corporation is duly qualified, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFF	PD HUGDAHL, HOLLY 10472 TAFT ST PEMBROKE PINES FL
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
OFF	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
OFF	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
11 STREET ADDRESS	
11 CITY	
11 STATE	
11 ZIP CODE	
12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
12 STREET ADDRESS	
12 CITY	
12 STATE	
12 ZIP CODE	
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	
13 STREET ADDRESS	
13 CITY	
13 STATE	
13 ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.032(9)(b), 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 199, Florida Statutes, and that my name appears on Block 1 of Block 13, changed or on an alternate form with an attached _____

SIGNATURE: *Holly J. Hugdahl*
SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING OFFICER OR DIRECTOR