

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

FILED  
Jan 22, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-22-1999 90067 032 \*\*\*\*\*158.75

DOCUMENT # P94000026140

1. Corporation Name  
PRECISION AIR SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3460 FAIRLANE FARMS RD SUITE 8 WELLINGTON FL 33414 US  
Mailing Address: 3460 FAIRLANE FARMS RD SUITE 8 WELLINGTON FL 33414 US

3. Date Incorporated or Qualified: 04/04/1994  
4. FEI Number: 65-0480483  
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: [ ] Yes [ ] No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip (24-25) 29. Zip (29-30)

9. Name and Address of Current Registered Agent  
KOTALIK, TERRY  
1498 12TH FAIRWAY  
WEST PALM BEACH FL 33414

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KOTALIK, TERRY	
STREET ADDRESS	1498 12TH FAIRWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	DELETE
NAME	KOTALIK, SY	
STREET ADDRESS	1498 12TH FAIRWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/5/98 (301) 791-3980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)