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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800007798 AIR CLIBRENT INC

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90227 024 \*\*\*150.00

Principal Place of Business Set CENTRAL BLVD. SUITE 304 OPLANDO FI. 32801  2. Principal Place of Business 3. Principal Place	Principal Place of Business   Mailing Address   205 E CENTRAL BLVD. SUITE 304	ri (få salar 1811) bölg avsir äklik väkk väkli lökk täät 1818 ja 1818 ja 1818
Principal Place of Business  SE CENTRAL BLVD SUITE 304  ORLANDO FL 32801  DO NOT WRITE IN THIS SPACE  3. Date Incorporate of Qualified  01/26/1988  2. Pencipal Place of Business 2. Amiling Address 2. Pencipal Place of Business 2. Suite, Apr. 8, etc. 2. Country 2. Suite, Apr. 8, etc. 2. Suite, Apr. 8, etc. 2. Country 2. Suite, Apr. 8, etc. 2. Country 2. Suite, Apr. 8, etc. 2. Country 2. Suite, Apr. 8, etc. 3. Date Incorporation of Suitered Agent 3. Suite, Apr. 8, etc. 3. Suite,	Principal Place of Business   Mailing Address   205 E CENTRAL BLVD. SUITE 304	
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24 3 7 3 8 25 VO VS LQ 29 3 2 7 3 8 30 VO VS LQ Personal Property Tax.	24 3 2 7 3 8 25 VO VS A 29 3 2 7 3 8 30 VO VS IC. Personal Pro  9. Name and Address of Current Registered Agent  NISI, FRANK P JR 205 E CENTRAL BLVD, SUITE 304 ORLANDO FL 32801  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directo agent. I am familiar with, and accept the politylations of Section 50. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bysec or printed name of registered Agent and itself applicable.  DELETE  SIGNATURE  OFFICERS AND DIRECTORS  TILE  DELETE  CITY-ST-ZP  DELETE  DELETE  13. ADDITIONS/C  13. ADDITIONS/C  13. ADDITIONS/C  14. CITY-ST-ZP  STREET ADDRESS  GITY-ST-ZP  TITLE  DELETE  DELETE  DELETE  1.1 TITLE  NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  DELETE  3.1 TITLE  ALC CITY-ST-ZP  DELETE  1.1 TITLE  DELETE  1.1 TITLE  ST, b  Les ji.e. Golden  2.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  ALC CITY-ST-ZP  DELETE  1.1 TITLE  ALC CITY-ST-ZP  DELETE  1.1 TITLE  ALC CITY-ST-ZP  ST, b  Les ji.e. Golden  3.3 STREET ADDRESS  3.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  ALC CITY-ST-ZP  ALC CITY-ST-ZP  ALC CITY-ST-ZP  DELETE  3.1 TITLE  ALC CITY-ST-ZP  ALC CITY-ST-ZP  ALC CITY-ST-ZP  AL	<del></del>
9. Name and Address of Current Registered Agent  NISI, FRANK P JR 205 E CENTRAL BLVD, SUITE 304 ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Account and Address of New Registered Agent  83 Street Address (P.O. Box Number is Not Account and Address of New Registered Agent  84 City De Hon a: FL 85 Zip Code 23 27 38  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named opporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of, Section 607.0505, Florida Statutes, the above-named opporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of, Section 607.0505, Florida Statutes, the above-named over organization submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of, Section 607.0505, Florida Statutes, the above-named over organization submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the pulpidations of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I am familiar with, and accept the purpose of changing its registered agent. I	9. Name and Address of Current Registered Agent  NISI, FRANK P JR 205 E CENTRAL BLVD, SUITE 304 ORLANDO FL 32801  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director agent. I am familiar with, and accept the publigations of, Section 607,0505, Florida Statutes,  SIGNATURE  Signature, bysec or primid have of registered agent and its if applicable.  MOTE: Registered Agent signature required when renatation)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  11. TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  1.2 TITLE  1.2 TITLE  2.2 TITLE  3.3 TITLE  3.5 T, D  Lestie: Golden, 3.0 SO Diction: G.	·
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205 E CENTRAL BLVD, SUITE 304 ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Amendahla) 30 S D Blaine C (I C c   30 S D Blaine C (I C c c   30 S D Blaine C (I C c c c c c c c c c c c c c c c c c c	205 E CENTRAL BLVD, SUITE 304 ORLANDO FL 32801  82 Street Address (P.O. Box Num 30.30 B)  83 B3  84 City De Hon according to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature hone or printed name of registered agent and life if applicable. (NOTE Repistered Agent sephature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/C  11TILE  DELETE  13 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  13 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3 TITLE  NAME  13 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3 TITLE  NAME  3 STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3 TITLE  AS TO BOX Num  3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  5 TITLE  AS TO BOX Num  3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  5 TITLE  DELETE  5 TITLE  AS TREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  5 TITLE	
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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 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:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99 /-901/-532-7585

Davium Phone #