

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

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

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

0090513

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000007798**

1. Corporation Name  
**AIR CURRENT, INC.**



Principal Place of Business  
**205 E CENTRAL BLVD. SUITE 304  
ORLANDO FL 32801**

Mailing Address  
**205 E CENTRAL BLVD. SUITE 304  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/26/1998**

2. Principal Place of Business

**21 3080 Blaine Circle**

Suite, Apt. #, etc.

**22**  
City & State

**23 Deltona Florida**

**24 32738 25 Volusia**

Zip Country

2a. Mailing Address

**26 3080 Blaine Circle**

Suite, Apt. #, etc.

**27**  
City & State

**28 Deltona FL**

**29 32738 30 Volusia**

Zip Country

4. FEI Number

**59-3490355**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

9. Name and Address of Current Registered Agent

**NISI, FRANK P JR  
205 E CENTRAL BLVD, SUITE 304  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81** Name

**CURREN GOLDEN**

**82** Street Address (P.O. Box Number is Not Acceptable)

**3080 Blaine Circle**

**83**

**84** City

**Deltona**

**FL**

**85** Zip Code

**32738**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-6-99**

12. OFFICERS AND DIRECTORS

**TITLE** ☐ DELETE  
**NAME** **D GOLDEN, CURREN S**  
**STREET ADDRESS** **3080 BLAINE CIRCLE**  
**CITY-ST-ZIP** **DELTONA FL 32738**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **P, VP** ☐ Change ☒ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** **S, T, D** ☐ Change ☒ Addition  
**2.2 NAME** **Leslie Golden**  
**2.3 STREET ADDRESS** **3080 Blaine Circle**  
**2.4 CITY-ST-ZIP** **Deltona, FL 32738**

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-6-99 1-904-550-2885**

CR2E034 (11/98)