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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P98000095103**

1. Corporation Name
DIVERSIFIED AIR SYSTEM SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8430 N.W. 8TH STREET
 PEMBROKE PINES FL 33024**

Mailing Address
**8430 N.W. 8TH STREET
 PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified
11/10/1998

2. Principal Place of Business
 21
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

4. FEI Number
65-0895951

Applied For
 Not Applicable

22
 City & State

27
 City & State

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

23
 Zip Country

28
 Zip Country

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

24
 Zip Country

29
 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

25
 Country

30
 Country

9. Name and Address of Current Registered Agent
**GRANT, CAROL L
 561 N.W. 183RD STREET
 MIAMI FL 33169**

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
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLIN, MICHAEL	1.2 NAME	Michael Tinglin
STREET ADDRESS	8430 N.W. 8TH STREET	1.3 STREET ADDRESS	8430 N/W 8th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLIN, YVONNE	2.2 NAME	YVONNE TINGLIN
STREET ADDRESS	8430 N.W. 8TH STREET	2.3 STREET ADDRESS	8430 N/W 8th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	Pembroke Pines FL 33024
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, GRACE	3.2 NAME	GRACE MALCOLM
STREET ADDRESS	8430 N.W. 8TH STREET	3.3 STREET ADDRESS	7141 SW 6th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DALE MALCOLM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, DALE	4.2 NAME	DALE MALCOLM
STREET ADDRESS	8430 N.W. 8TH STREET	4.3 STREET ADDRESS	7141 SW 6th St
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	"SECRETARY" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael Tinglin* **MICHAEL TINGLIN** ✓ **4/20/99** (954) 433-1065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)