Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90014 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47478

1. Corporation Name

ALL AMERICAN AIR, INC.

Principal Place of Business'			Mailing Address				[1881] Bitatt Antit (881) 1880 (ött anatt avatt atatt avatt anatt		
611A COMMERCIAL DRIVE HOLLY HILL FL 32117 US			611A COMMERCIAL DRIVE HOLLY HILL FL 32117 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/26/1992		
2 Principal P	lace of Rusiness	2a	, Mailing Address			.	4. FEI Number Applied For	7	
2. Principal Place of Business			26				59-3190314 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	1	
22			27				1 eo required	4	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23			Zip Cour				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	┨	
Zip	Country 25	29	•	30	,		Personal Property Tax.	ļ	
24	9. Name and Address of Currer			301			10. Name and Address of New Registered Agent	\Box	
					81	Name	•	-	
SOCHA, KENNETH G.					82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
1541 SHADOW PINES DRIVE							-		
NEW	SMYRNA BEACH FL 32168			l	83			╛	
					84	City	FL 85 Zip Code		
office or n agent. I a	to the provisions of Sections 607.366 egistered agent, or both, in the State in familiar with, and accept the obligated Signature, typed or printed name of registered age	o <u>t Flori</u> tions of	da Such change was at f, Section 607.0505, Flor	ida Statı	ites.	ine corporau	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered as when reinstating) DATE		
12.	OFFICERS AN	D DIRE	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4	
TITLE	DP		☐ DELETE	1.1 111	LE		☐ Change ☐ Addition	n	
NAME	SOCHA, KENNETH G.			1.2 NA					
STREET ADDRESS 1541 SHADOW PINES DR						ADDRESS	4	Į	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3210	<u>58</u>	DELETE	1.4 CF 2.1 TF		T-ZIP	Change Addition	n	
TITLE NAME	DST DEVINEY, RONALD G. ,		22000	22 NA			A Commence of the Commence of		
STREET ADDRESS	349 PLANTATION CLUB DRIVE					TADDRESS			
CITY-ST-ZIP	DEBARY FL 32713			2. 4 C	TY-S	ST-ZIP		ᆚ	
TITLE			☐ DELETE	3.1 777	LE.	ļ	☐ Change ☐ Addition	n	
NAME	<u>.</u>			3.2 NA	ME			- [
STREET ADDRESS				3.3 ST	REET	TADORESS			
CITY-ST-ZIP			☐ DELETE	3.4. CI		ST-ZIP	Change Addition	'n	
TITLE			□ pereie	4.1 M 4.2 N⁄					
NAME CTREET ADDRESS						T ADDRESS			
STREET ADDRESS				4.4 CF		•		╛	
TITLE			☐ DELETE	5.1 TT			☐ Change ☐ Addition	n	
NAME			•	5.2 NA				Ì	
STREET ADDRESS				- 1		TADDRESS		ļ	
CITY-ST-ZIP				5.4 CT		T-ZIP	☐ Change ☐ Addition	\exists	
TITLE	I		[] DELETE	6.1 🏗	Œ				

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE