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

PROFIT CORPORATION * ANNUAL REPORT

1999 DOCUMENT # 189757 Corporation Name

DEL-AIRE M. & W. CORPORATION

Feb 25, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS 02-25-1999 90003 012 ***150.00

|--|--|

Principal Place of Business Mailing Address			1 195101 (1553) 15116 (\$(1) (900) \$1111 140) 91411					
744 N ATLANTIC	C AVE	744 N ATLANTIC AVE			1			
DAYTONA BEACH FL 32118		DAYTONA BEACH FL 32118	•		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
					12/23/1955			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
- -	add of paginoss	26			59-0767271		lot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			T"	\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee F	Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year I			
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	XNo.	
	9. Name and Address of Curren	t Registered Agent		.1	10. Name and Address of New Registered	d Agent		
			81	l Name				
	TIN, GEORGE R., JR.		82	Street Add	fress (P.O. Box Number is Not Acceptable)	-		
	RIVERSIDE DR			<u> </u>	· ·			
ORM	OND BEACH FL 32176		83	3			ĺ	
			84	City	F	85 Zip	Code	
44 Diversiont	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	/e-named cor	poration submits this statement for the purpose of	of changing it	ts registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea di	/ tne corporat	tion's board of directors. I hereby accept the app	ointment as I	registered	
SIGNATURE								
	Signature, typed or printed name of registered ager			int signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECT	ORS IN 12	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	S AND D		1.2 NAME					
NAME	MARTIN, ANNE D			T ADDRESS				
STREET ADDRESS	448 RIVERSIDE DRIVE							
CITY-ST-ZIP	ORMOND BEACH FL	☐ DELETE	1,4 CITY-	31-21		☐ Change	Addition	
TITLE	PD		2.2 NAME				_ }	
NAME	MARTIN, GEORGE R JR			ET ADDRESS				
STREET ADDRESS	448 RIVERSIDE DRIVE		2.4 CITY-				1	
CITY-ST-ZIP	ORMOND BEACH FL	☐ DELETE	3.1 TITLE	\$1-AF		Change	Addition	
TITLE NAME	V MADTIN IAN C		3.2 NAME				Į	
	Martin, Jan C 448 Riverside Drive			ET ADDRESS				
STREET ADDRESS	ORMOND BEACH FL.		3.4. CITY-				Í	
CITY-ST-ZIP	DAWIOND DEACH FL	☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	:			Į	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-	ì				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME			,		
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	ET ADDRESS			}	
CHARLINDDIACOO				or 710			}	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan · 1999 Bayline Phone s