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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 416045 1. Corporation Name

AIRTRANS, INC.

MINITANO, INO					
<u> </u>				- F 100111 N3001 (1016 D1)11 ABBIL BJOOL ONLI DIBIL DIBIL ALORS OFDI DIDIL	#I#I] IBB!
Principal Place of Business	Mailing Address				
1521 NE 8TH AVENUE	1521 NE 8TH AVENUE				
P.O. BOX 2255 P.O. BOX 2255 OCALA FL 34478-2255				DO NOT WRITE IN THIS SPACE	•
UCALA PL 34476-2239				3. Date incorporated or Qualifed	ļ
US ·	00			01/05/1973	
	2a, Mailing Address				ed For
2. Principal Place of Business	├ ─			59-1504028 Not A	pplicable
21	Suite, Apt. #, etc.			\$8.75 Add	fitional
Suite, Apt. #, etc.	<u>⊢</u>			5. Certificate of Status Desired	ired
22	27 City & State	_ -		6. Election Campaign Financing \$5.00 M	ay Be
City & State	City & State			Trust Fund Contribution Added to	Fees
23	28	Count		8. This corporation owes the current year Intangible	
Zip Country	Zip		· y ,	Personal Property Tax.	INo
24 25		30		10. Name and Address of New Registered Agent	
9. Name and Address of Curren			1 Name	10. Teamle dies received	
- 1044		[*	1 '	<u></u>	
PINE, JOSEPH		8	Street Add	ress (P.O. Box Number is Not Acceptable)	
1521 NE 8TH AVENUE		L		4 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	71 10 10 10 10
OCALA FL 34470		18	33		
,	•	<u> </u>	34 City	85 Zip Co	de
			,	poration submits this statement for the purpose of changing its reion's board of directors. I hereby accept the appointment as regi	
SIGNATURE Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: ND DIRECTORS	Registered A	gent signature requir	ad when (einstating)	S IN 12
TITLE PM	☐ DELETE	1.1 TITL	£	Change ☐ Change	
DINE IOCEDII		1.2 NAM	AE		
ACOA NIC OTH AVENUE		1.3 STR	EET ADDRESS		ì
OCALA EL		1.4 CIT	Y-ST-ZiP		C Addition
AT	☐ DELETE	2.1 TITL	E	Change	☐ Addition
1=		2.2 NAM	ME.		
NAME PINE, JOSEPH			I		.—
STREET ADDRESS 1521 NE 8TH AVE		23 STE	REET ADDRESS		.—
CITY-ST-ZIP OCALA FL			REET ADDRESS		
TITLE CONT. A CASSAS	, DELETE	2. 4 CFT	ry-ST-ZIP	☐ Change	Addition
NAME OF THE PARTY	DELETÉ	2. 4 CFT 3.1 TTT	ry-ST-ZIP	☐ Change	Addition
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	DELETE	2. 4 CFT 3.1 TITE 3.2 NAJ 3.3 STF	TY-ST-ZIP LE ME REET ADDRESS	☐ Change	Addition
		2. 4 CFT 3.1 TTT 3.2 NAI 3.3 STF 3.4. CFT	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	☐ Change	
STREET ADDRESS	☐ DELETE	2. 4 CFT 3.1 TITE 3.2 NAI 3.3 STF 3.4 CFT 4.1 TITE	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		
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STREET ADDRESS (CARACTER)	DELETE VIS 1 101 of 11 3 98	2. 4 CFI 3.1 TITI 3.2 NAI 3.3 STF 3.4 CFI 4.1 TITI 4.2 NAI 4.3 STFI	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS		
STREET ADDRESS (A. F. 1944-7)) CITY-ST-ZIP TITLE NAME 18 605 (C. 2.7)	DELETE SET TO S	2. 4 CFI 3.1 TITI 3.2 NAI 3.3 STF 3.4 CFI 4.1 TITI 4.2 NAI 4.3 STI 4.4 CFI	IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP		Addition
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ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an safe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the on address with all other like appears. 14. I hereby certify that the information supplie indicated on this annual report or supplier officer or director of the corporation or the Block 12 or Block 12 of changed, or on any

SIGNATURE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90063 035 ***150.00