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 # 480183

EAST COAST AIR CORPORATION

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90027 036 ***150.00



Principal Pla	ace of Business	. Ma	ailing Address					DIEN BIRN BIRN	
1406 NE 11TH AVE 4406 NE 11TH AVE									•
	PALE FL 33334	_	LAUDERDALE FL 3333	14					
JS US							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	O OI AOL	
							07/08/1975		
2. Principal	Place of Business	22	Mailing Address	 -			4. FEI Number	,	
1	, za. maning routess						1	A	pplied For
Suite, Ap	t # etc	26	Suite And # st				59-1612271		ot Applicable
						5. Certifcate of Status Desired		Additional	
2							Fee R	equired	
¬ '			City & State	& State			6. Election Campaign Financing	\$5.00	May Be
		_ 28					Trust Fund Contribution	Added	to Fees ·
Zip ¬	Country		Zip	Соы	ntry		8. This corporation owes the current year In	tangible	-
4	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Regist	tered Agent				10. Name and Address of New Registered	Agent	-
υг	DINLY EDEDEDICK				81	Name	· · · · · · · · · · · · · · · · · · ·		
	RLIHY, FREDERICK					<u> </u>			
26 W. PALM DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MA	RGATE FL 33063				83		1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	kast <u>i na viki</u> Nije 2020 St ai	endingson see
				1					
		:		İ	84	City		1 85 Zip	Code
14 D							Fl	.	
ia. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 60 of Florida	17.1508, Florida Statut	es, the at	ove	-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its	registered
	am familiar with, and accept the oblig					ne corporati	on a board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE							•		ļ
	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE	: Registered	Agent	signature require	d when reinstating) DATE		
2.	OFFICERS A	ND DIREC		13.		i	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	IPS IN 12
TLE	D DELETÉ		1.1 TIT	1.1 TITLE		2.10.10.37.1	Change	Addition	
AME	HERLIHY, FREDRICK			1.2 NA	WF				
TREET ADDRESS	26 PALM DRIVE			1		ADDRESS	,		[
ITY-ST-ZIP	MARGATE, FL 00000								1
TLE	3		☐ DELETE	1.4 CIT		ZIP			
			□ pere≀e	2.1 7171				☐ Change	☐ Addition
AME				2.2 NAM	ΜE				ĺ
TREET ADDRESS				2.3 STF	REETA	ADDRESS		,	
ITY-ST-ZIP				2. 4 CIT	Y-ST	-ZIP	• • •		
TLE			☐ DELETE	3.1 TITL	.E			Change	Addition
AME .				3.2 NAA	Æ	1			
TREET ADDRESS					_	NDDRESS			ĺ
TY-ST-ZIP							The state of the s	(人) 经营销	
TLE				3.4. CIT		ZIP	<u> </u>		1. V-3. 1381
WE			☐ DELETE	4.1 TITL		I	1. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1	Change	Addition
REET ADDRESS			☐ DELETE	4.1 TITL			大事 一般の大力 からし込み登録を行り要決し	Change	の Additión
TY-ST-ZIP			☐ DELETE	4. 2 NA	ΜE	DORESS	기구 : 1927 : 1 1 1 2 3 1 1 1 1 1 2 2 3 1 1 1 1 1 1 2 2 2 2	Change	Addition
		,	[] DELETE	4. 2 NA	VIE EET A		기구 : 192 기 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	[†] ⊡ Chañge	Addition
rle .			☐ DELETE	4. 2 NA 4.3 STR	ME EET A		기구 : 15: 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1		
rle Me		,		4. 2 NA/ 4.3 STR 4.4 CITY	ME EETA /-ST-: E		を表現する。 1987年 - 1987年 - 1987	Change	Addition Addition
		, , , , , , , , , , , , , , , , , , ,		4. 2 NA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	ME EET A (-ST-) E	ZIP	を表現する。 のは、1000年度の1000年度		
ME REET ADDRESS		,		4. 2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	ME EET A - ST-; E IE EET A	ZIP DDRESS			
ME		,		4. 2 NA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	ME EET A (-ST-) E IE EET A	ZIP DDRESS			

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 of 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 fike impowered.

6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #