Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

## 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

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90064 033 \*\*\*150.00

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DOCUMENT	#·	50	7	86	7
1. Corporation Name		VV	•	UU	•

Country

9. Name and Address of Current Registered Agent

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PARK AIR, INC.

Princip	al Place of Business
	ROKEE CIR
SANFOR	ID FL 32773
110	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P. O. BOX 951588 N/A LAKE MARY FL 32795-1588

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		DO NOT WRITE IN THIS SPAC	UE
3.	Date	Incorporated or Qualifed	

07/27/1976 4. FEI Number

59-1681311

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

FLETTER, FRANZ R		81	Name			
		82	Street	et Address (P.O. Box Number is Not Acceptable)		
1	CHEROKEE CIRC			Since the section of		
SANFORD FL 32771		83			5	
		84	City	FL 85 Zip Code		
many and promise special				· -   -	od l	
office or r	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 of 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		~			.	
L	7,7,7,00		t signature	e required when reinstating) ; ; DATE		
12.	OFFICERS AND DIRECTORS 13 PCD DELETE 1,1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ddition	
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NAME		NAME				
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TITLE	VST □ DELETE 2.1	TITLE		☐ Change ☐ Ad	tdition	
NAME	FLETTER, SHIRLEY F. 22	NAME				
STREET ADDRESS	728 CHEROKEE CIRC 23	STREET	ADDRESS	s		
CITY-ST-ZIP	SANFORD FL 2.4	CITY-S	T-ZIP	·		
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NAME	5.2	NAME			ĺ	
STREET ADDRESS		STREET	ADDRESS			
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OUTV DT 700		CITY-ST	- ZIP		1	

Country

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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: