


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90071 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 623958 1. Corporation Name LANTANA AIR, INCORPORATED					
Principal Place of Business 2633 LANTANA ROAD SUITE #30 LANTANA FL 33462 US			Mailing Address 2633 LANTANA ROAD SUITE #30 LANTANA FL 33463 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 06/05/1979			4. FEI Number 59-1939083		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			DO NOT WRITE IN THIS SPACE		
9. Name and Address of Current Registered Agent SHAW, JIMMY R 12724 WESTPORT CIRCLE W. PALM BEACH FL 33414			10. Name and Address of New Registered Agent 81 Name C. D. CLAPPER 82 Street Address (P.O. Box Number is Not Acceptable) 6926 SKYLINE DRIVE 83 84 City Delray Beach FL 85 Zip Code 33446		
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 office or registered agent, or both, in the State of Florida. Such change was authorized by 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 C.D. CLAPPER Resident 5/10/99 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small>					
12. OFFICERS AND DIRECTORS TITLE PD <input checked="" type="checkbox"/> DELETE NAME SHAW, JIMMY R STREET ADDRESS 12724 WESTPORT CIRCLE CITY-ST-ZIP W. PALM BEACH FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PVSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME C.D. CLAPPER 1.3 STREET ADDRESS 6926 SKYLINE DRIVE 1.4 CITY-ST-ZIP DELAIR BEACH, FL 33446		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 807, 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

Date

Daytime Phone #

CR2E034 (11/98)