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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F22816

1. Corporation Name

CONDO HANGARS, INC.

Mailing Address Principal Place of Business 362 LEMON AVE 362 LEMON AVE MARATHON FL 33050 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 03/11/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1000 563 MERRITT ISLAHO ST CCEAN Not Applicable 26 59-2193621 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MERRITT 28 MAR ATHON Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes the current year Intangible 30 MOKROE 33050 ☐ Yes 29 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRETTMAN, JAMES C Street Address (P.O. Box Number is Not Acceptable) 82 362 LEMON AVE 1000 E. 63 ST OLEAN MARATHON FL 33050 Zip Code 33050 84 City 85 MARATHON 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE BRETTMAN, JAMES C 1.2 NAME NAME \$ 1000 E 63 ST OLEAN 362 LEMON AVE 1.3 STREET ADORESS STREET ADDRESS 33050 MARATHON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ___ ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Jul 22, 1999 8:00 am

Secretary of State

07-22-1999 90004 033 ***150.00

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