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PROFIT CORPORATION: ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F64612

AIRSA, INC.

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Principal Place of Business	Mailing Address
770 SE 15 AVE DEERFIELD BEACH FL 33441 US	770 SE 15 AVE DEERFIELD BEACH FL 33441 US

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90043 013 ***150.00



Principal Place	e of Business	Mailing Address			
770 SE 15 AVE		770 SE 15 AVE			
DEERFIELD BEA		DEERFIELD BEACH FL 3344	41		
US		US			DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed
					01/20/1982
	· .	A- Mailing Address			4. FEI Number Applied For
2. Principal Pi	ace of Business	2a. Mailing Address			1 · · ·
21		26			59-2157434 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	_	27			Fee Required
City & State	P	City & State			6. Election Campaign Financing \$5.00 May Be
`	•	28			Trust Fund Contribution Added to Fees
23	Country	Zip	Coun	rn.	
Zip				u y	8. This corporation owes the current year Intangible Personal Property Tax.
24	25		30		(0.00.00.00.00.00.00.00.00.00.00.00.00.0
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
		• •	[3	31 Nam	ne
FRIE	DMAN, WALTER			32 Stree	-A Add (D.O. Bey Number in Not Accompable)
770	SE 15 AVE		[Stree	et Address (P.O. Box Number is Not Acceptable)
	RFIELD BEACH FL 33441		-	33	
DLL	THE DESCRIPTE SOUTH		[~	
· Salar Section			l l	34 City	85 Zip Code 1
ARISE C					, FL
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the ab	ove-name	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was at	uthorized	by the cor	erporation's board of directors. I hereby accept the appointment as registered
ತು agent. I a	m familiar with, and accept the obligat	ions di, Section 607.0505, Fidi	rida Statu	es.	
	m familiar with, and accept the obligat		rua Statu	es.	<u> </u>
ತು agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE:	Registered A	es.	are required when reinstating) Associated by DATE
ತು agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE: D DIRECTORS	Registered A	es. gent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
35 agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE:	Registered A	es. gent signatur	1 - 1 - 2 - 2
signature	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: D DIRECTORS	Registered A	gent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
signature 12 Title NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD FRIEDMAN, WALTER	t and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	gent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
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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.