

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F87551 (0)  
1. Corporation Name  
GOING AIRE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5 BARRACUDA LANE  
OCEAN REEF CLUB  
NORTH KEY LARGO FL 33037  
US

Mailing Address  
5 BARRACUDA LANE  
OCEAN REEF CLUB  
NORTH KEY LARGO FL 33037  
US

3. Date Incorporated or Qualified

06/11/1982

4. FEI Number

59-2199233

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GOING, WILLIAM  
29430 S.W. 182 AVENUE  
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*William Going*  
Signature, typed or printed name of registered agent and title if applicable

*Pres.*  
(NOTE: Registered Agent signature required when reinstating)

*1/5/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
GOING, WILLIAM  
29430 SW 182 AVE  
HOMESTEAD FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
GOING, RITA  
29430 SW 182 AVE  
HOMESTEAD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
GOING, DUANE  
29430 SW 182 AVE  
HOMESTEAD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

000002405800  
-01/21/98--01008--010  
\*\*\*150.00

000002405800  
-01/21/98--01008--009  
\*\*\*8.75

*1/20/98*

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.

SIGNATURE

*Sandra B. Mortham*  
Signature, typed or printed name of registered agent and title if applicable

*1/5/98 (305) 3177970*  
DATE

CR2E034 (10/97)