**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **F93092** 



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 21, 1999 8:00 am Secretary of State **Katherine Harris**

04-21-1999 90148 046 \*\*\*150.00

AAL OAH	TRANSMISSIONS, INC.								
Principal Place	of Business	М	tailing Address					ali biali Ali	divi: vidi? 186?
3530 NORTH CTNY PKWY MERRITT ISLAND FL 32953  3530 NORTH CTNY PKWY MERRITT ISLAND FL 32953				,	•		DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
							07/31/1982		1
2. Principal Plac	ice of Business	2a	. Mailing Address		_		4. FEI Number	-7	Applied For
21		26					59-2249549		Not Applicable
Suite, Apt. #,	, etc.	27	- Suite, Apt. #; etc. = -			77 3 4.0	5. Certificate of Status Desired	<b>4</b> - · · ·	5 Additional Required
City & State			City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year Inter-		
24	25	29	_	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Regis	stered Agent		81	N	10. Name and Address of New Registered	Agent	
DACHI	INER, CHARLES				°'	Name			
3530 I	NORTH CTNY PKWY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MERRI	ITT ISLAND FL 32953				83				
					84	City	FL	85 Z	îp Code
11. Pursuant to	the provisions of Sections 607.05	02 and 6	607.1508, Florida Statute	es, the a	bove	-named corpo	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing	its registered
office or reg agent. I am	gistered agent, or both, in the State familiar with, and accept the obliga-	of Flori ations of	ida. Such change was a f, Section 607.0505, Flo	uthorized rida Stati	d by 1 utes.	the corporation	n's board of directors. I hereby accept the appoi	ntment as	registered
SIGNATURE _		ant and title	W applicable (NOTE	Dagetored	Agent	t signature required	when reinstating) DATE		
	Signature, typed or printed name of registered age	entano upe				r aignatura required			
	OFFICERS A		· · · · · · · · · · · · · · · · · · ·					D DIREC	TORS IN 12
12.	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13.	TLE		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	
TITLE	DP		ECTORS	13.					
TITLE	DP DASHNER, CHARLES		ECTORS	13. 1.1 TI 1.2 N/	AME	ADDRESS			
TITLE NAMÉ STREET ADDRESS	DP DASHNER, CHARLES 1708 SHORE DRIVE		ECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	AME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DASHNER, CHARLES		ECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	AME TREET TY-ST				ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DP DASHNER, CHARLES 1708 SHORE DRIVE MERRITT ISLAND, FL 00000 VS		ECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf	AME TREET TY-ST			_ Chan	ge Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP DASHNER, CHARLES 1708 SHORE DRIVE MERRITT ISLAND, FL 00000 VS DASHNER,JUDY		ECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/ 2.3 ST	AME TY-ST TLE AME	-ZIP ADDRESS		Chang	ge Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP DASHNER, CHARLES 1708 SHORE DRIVE MERRITT ISLAND, FL 00000 VS DASHNER,JUDY 1708 SHORE DRIVE		ECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Cf 2.1 TI 2.2 N/ 2.3 ST	AME TY-ST TLE AME TREET	-ZIP ADDRESS		_ Chan	ge Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP DASHNER, CHARLES 1708 SHORE DRIVE MERRITT ISLAND, FL 00000 VS DASHNER,JUDY 1708 SHORE DRIVE		DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N 1.3 ST 1.4 CC 2.1 TI 2.2 N 2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CC 5.1 TI 5.2 N 5.3 ST	TY-ST TLE TREET TILE TREET TILE TREET TILE TREET TILE TREET TILE TREET TY-ST TILE AME TREET TY-ST TILE AME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP		Chang	ge
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DP DASHNER, CHARLES 1708 SHORE DRIVE MERRITT ISLAND, FL 00000 VS DASHNER,JUDY 1708 SHORE DRIVE		DELETE  DELETE  DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 Cf 2.1 Tf 2.2 N/ 2.3 SI 2. 4 C 3.1 Tf 3.2 N/ 3.3 SI 3.4 C 4.1 Tf 4.2 N/ 4.3 SI 4.4 Cf 5.1 Tf 5.2 N/ 5.3 SI 5.4 Cf	TREET TY-ST TLE  AME TREET TITE  TITE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OFFICERS AN	Chang	ge

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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS