

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90029 049 ****61.25

DOCUMENT # F94000001082

1. Corporation Name

AIR SEA RESCUE TRAINING, INC.

Principal Place of Business

2625 33RD AVE
NORTH ST. PETE FL 33713
US

Mailing Address

BAY STATION 221
BROOKLYN NY 11235
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/03/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
11-2257105

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMANDER NAT DEANGELO
2625 33RD AVE
N ST PETE FL 33713

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME MITCHELL, NICHOLAS RADM
STREET ADDRESS BAY STATION 350221 SHEEPSHEAD BAY
CITY-ST-ZIP BROOKLYN NY 11235-0221

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

TITLE CV
NAME CV NAT DEANGELO
STREET ADDRESS 2625 33RD AVE
CITY-ST-ZIP N ST PETE FL

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

TITLE CSD
NAME BERLINER, SUSAN
STREET ADDRESS 153-11 73RD AVENUE APT 3-H
CITY-ST-ZIP KEW GARDENS NY 11369

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

TITLE CTD
NAME MITCHELL, JANET
STREET ADDRESS STAR RT. 1
CITY-ST-ZIP MARGARETVILLE NY 12455

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

TITLE CASR
NAME CRISCI, FRED
STREET ADDRESS 1618 EAST 14TH STREET
CITY-ST-ZIP BROOKLYN NY 11229

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 617, 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:

RADM. SIGNATURE MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

Date

718-648-8728

Daytime Phone #

CR2E037 (1198)