

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

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**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90103 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000001134

1. Corporation Name  
**SONIC AIR, INC.**



Principal Place of Business Mailing Address  
 55 GLENLAKE PARKWAY, NE 55 GLENLAKE PARKWAY, NE  
 ATLANTA GA 30328 ATLANTA GA 30328  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		86-0786380	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	V/S/T
NAME	THOMPSON, JAMES	1.2 NAME	Douglas M. Anderson
STREET ADDRESS	990 HAMMOND DRIVE	1.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	CD	2.1 TITLE	
NAME	ALDEN, JOHN	2.2 NAME	
STREET ADDRESS	990 HAMMOND DRIVE	2.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	2.4 CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	PD	3.1 TITLE	D/CEO/P
NAME	THURSTON, RAY	3.2 NAME	Daniel P. DiMaggio
STREET ADDRESS	990 HAMMOND DRIVE	3.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	3.4 CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	VD	4.1 TITLE	V
NAME	BAER, DAVID	4.2 NAME	
STREET ADDRESS	990 HAMMOND DRIVE	4.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	D	5.1 TITLE	
NAME	MCKERN, JAMES	5.2 NAME	
STREET ADDRESS	990 HAMMOND DRIVE	5.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	5.4 CITY-ST-ZIP	Atlanta, Ga 30328
TITLE	ASAT	6.1 TITLE	
NAME	PICA, EUGENE A	6.2 NAME	
STREET ADDRESS	55 HAMMOND DRIVE	6.3 STREET ADDRESS	55 Glenlake Pkwy NE
CITY-ST-ZIP	ATLANTA GA 30328	6.4 CITY-ST-ZIP	Atlanta, Ga 30328

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.

SIGNATURE: Eugene A. Pica Date 4/19/99 (404) 828-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

001311

CR2E034 (1/98)