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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State
DIVISION OF CORPORATIONS

COLUMBUS OH 43219

DOCUMENT # F9600001367

Corporation Name

COLUMBUS OH 43219

AIRNET SYSTEMS, INC.

04-14-1999 90064 012 ***150.00

DO NOT WRITE IN THIS SPACE

FILED Apr 14, 1999 8:00 am Secretary of State

Principal Place of Business	Mailing Address	
3939 INTERNATIONAL GATEWAY	3939 INTERNATIONAL GATEWAY	

							3. Date Incorporated or Qualified 03/18/1996					
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				App	lied For
21		26		-			31-1458309			<u>. </u>	Not	Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired				3.75 Additional Fee Required	
22 City & Sta	ıte	- 21	City & State			-	6. Election Camp	aign Financing	_	\$5	00 4	lav Be
23		28	•				Trust Fund Cor	-			ded to	,
Zip	Country	Zip Country					8. This corporation owes the current year Intangible					
24	25 29						Personal Property Tax. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Ad	dress of New F	Registered /	Agent		
The two states are				81	N	lame						
CT	CORPORATION SYSTEM-	101		82	82 Street Address (P.O. Box Number is Not Acceptable)							
120	O SOUTH PINE ISLAND HUAD	***			٦	illest Addio	55 (1 .O. DOX 11011100	, 10 1101 11000	,	_		
PLA	INTATION FL 33324			83					<u> </u>			
	The grand was			<u> </u>	Ļ					85	Zip C	nde
				84	c	ity			FL	83	Zip C	Me
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	of Floric	ia. Such change was auti	horized by	the	amed corpo corporation	ration submits this st n's board of directors	atement for the . I hereby acce	purpose of ot the appoin	changi ntment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title i	if applicable (NOTE: Re	egistered Age	nt ska	nature required	When reinstating)		DATÉ			
12.	OFFICERS AN			13.	n ange	natoro roquina	ADDITIONS/CH	ANGES TO OF	FICERS AN	D DIR	CTO	RS IN 12
TITLE	PDC		DELETE	1.1 TITLE						Ch		Additi
NAME	MERCER, GERALD G			1.2 NAME								
STREET ADDRESS	- AAAA INTERNATIONIAL OATEMA	Υ		1.3 STREE	TAR	neess						
-	COLUMBUS OH 43219	••		1.4 CITY-5								
CITY-ST-ZIP	VTDC		X DELETE	2.1 TITLE	1.77	-				Ch	ange	Additi
NAME	ROY, ERIC P			2.2 NAME								
	ACCO INTERNATIONAL CATENA	V	•	2.3 STREE	TAN	no Egg						
STREET ADDRES	COLUMBUS OH 43219	* '	* 5	2.4 CITY-		-	•	• 5- ·	-			
CITY-ST-ZIP	V		☐ DELETE	3.1 TITLE	31-41	-				Ch	ange	☐ Additi
TITLE	MILLER, GLENN M			3.2 NAME		1				_	-	
NAME	ACCO INTERNATIONAL CATERIA	v		3.3 STREE	T ADI	DRESS						
STREET ADDRESS	COLUMBUS OH 43219	11		3.4. CITY-		J.						
CITY-ST-ZIP	V		☐ DELETE	4.1 TITLE	الكداد				_ -	K Ch	ange	☐ Additi
TITLE	SUMSER, WILLIAM R			4.2 NAME		VT	C				-	
NAME	COOR INTERNATIONAL CATENA	v		4.2 NAME		DESC						
STREET ADDRES	COLUMBUS OH 43219	١,				1						
CITY-ST-ZIP	U COLUMBUS OF 43219		DELETE	4.4 CITY-S 5.1 TITLE	J-ZIF	-				_] Ch	ange	☐ Additi
TITLE	CTDENCH DONALD D		T percie	5.1 IIILE 5.2 NAME						د		
NAME ·	STRENCH DONALD D	v		5.3 STREE	TAIN	npess						
STREET ADDRES		11		5.4 CITY-5								
CITY-ST-ZIP	COLUMBUS OH		☐ DELETE	6.1 TITLE) I - ZI)			· · · · · · · · · · · · · · · · · · ·			anne	Additi
TITLE 1/4 74°			□ NECE (F	6.2 NAME							9 0	
NAME 4500	GUYS, KING		,		.	DDE66						
STREET ADDRES	1	۸Y		6.3 STREE								
CITY-ST-7IP	COLUMBUS OH ""			6.4 CITY-1	T-ZII	P						

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 at 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 attach them with an address, with all other like empowered.

SIGNATURE:

ATURE AND 1990 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

614-237-2057

Daytime Phone #

(1/98)

4-237-