Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90083 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	AIR CORPORATION)01938								
Principal Place	e of Business	Mailing Address				l 181	 	.(II 99III 89III 88	181 11618 18188 1	165 0 1 (305 100)
ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010 ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010)			3. Date inc	DO NOT WRI	TE IN THIS S	BPACE .	
					1	04/18/	1996	_ •		
2. Principal P	lace of Business	, V V · / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2st			4. FEI Nun	1		Not	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificat	e of Status Desired	<u> </u>	\$8.75 Ar	
City & Stat	е	City & State 28 Saddle Bri	ook	Λĺ	ज		Campaign Financing		\$5.00 M Added to	
Zip	Country	Zip	Count	•			poration owes the curr	-		□No .
24	25	11	30 <i>U</i>	SA			Property Tax. Ind Address of New I			100
9. Name and Address of Current Registered Agent 81 Name						IŲ. INAITIE A	III Address of Item	Cediatei ea v	yu	-
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				2 Stree	at Address	s (P.O. Box I	 Number is Not Accepta 	able)		
			8	4 City				FL	85 Zip C	ode
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation				d corpora poration's	tion submits board of di	this statement for the rectors. I hereby accept	purpose of co ot the appoint	hanging its r ment as reg	egistered istered
SIGNATURE	: ¿ ¿i"							DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature	e required wit	en reinstating)	NS/CHANGES TO OF		DIRECTOR	RS IN 12
12.	DCEO	DIRECTORS	1.1 TITLE		Cha	irman	Director	CEO	☐ Change	Addition
NAME	COSTELLO, ALBERT J	A 4	1.2 NAMI				not Dunphy			7
STREET ADDRESS	ONE TOWN CENTER ROAD			ET ADDRES	1 0	K 80	East			
CITY-ST-ZIP	BOCA RATON FL 33486-1010		1.4 CITY				Brook, NJ	076	63	
TITLE	CFO	X DELETE	2.1 TITLE			sident			Change	X Addition
NAME	ELLBERGER, LARRY		2.2 NAM	Ē	Will	liam V.	Hickey	-		` }
STREET ADDRESS	ONE TOWN CENTER ROAD		2.3 STRE	ET ADDRES	s Par	K80 6	east			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY	- ST- ZIP	Sad	ldle Br	unsel, See	16 6 <u>,</u> 3_		
TITLE	D	X DELETE	3.1 TITLE		Gene	eral Co	unsel, See	retary	☐ Change	Addition
NAME	AKERS, JOHN F		3.2 NAM		H.	Kather	ine white			j
STREET ADDRESS	1055 WASHINGTON BLVD		3.3 STRE	ET ADDRES	s Par	K 80	East			
C/TY-ST-Z/P	STAMFORD CT		3.4. CITY	ST-ZIP	Sae	edle 13	rook, NJO	17663		
TITLE	VS	X DELETE	4.1 TITLE		VP	·	1, ,	-	☐ Change	Addition
NAME	LAMM, ROBERT B		4. 2 NAM	E	Hor	st Te	bbe			1
STREET ADDRESS	ONE TOWN CENTER ROAD		4.3 STRE	ET ADDRES	s Par	K80	East			

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 an attachment with an address, with all other like empowered. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

BOCA RATON FL 33486-1010

ONE TOWN CENTER ROAD

BOCA RATON FL 33486-1010

MCMAHON, PAUL

DELETE

☐ DELETE

☐ Change

Addition

Saddle Brook, NJ 07663

S. Warren

80 East

Controller

Jeffrey