PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006655 1. Corporation Name

BALAIR-CTA LEISURE LDT. COMPANY

Mailing Address Principal Place of Business

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90052 023 ***150.00



9901 NE 6TH AVE. STE C-305 MIAMI FL 33138		9301 NE 6TH AVE, STE C-305 MIAMI FL 33138				DO NOT WRITE IN THIS SPACE					
					3.	Date Incorporated or Qualifed 12/16/1997					
2. Principal Pla	ace of Business	2a. Mailing Address			4.	. FEI Number	,	$^{-}$ L	Applie	ed For	
21		26				98-0177968		L	Not A	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	. Certifcate of Status Desired			75 Add e Requi		
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution	- ! !				
Zip	Country 25	Zip	¬ ' — '			8. This corporation owes the current year Intangible Personal Property Tax: Yes No					
24	9. Name and Address of Current	<u></u>	'		10	. Name and Address of New	Registered A	gent			
			81	Name	e						
BOLL, ERIKA 9301 NE 6TH AVE., STE C-305			82	Stree	et Address (I	Iress (P.O. Box Number is Not Acceptable)					
1	II FL 33138										
I			84	City				85	Zip Cod	le	
				-			<u>FL</u>	4			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		13.	Tit digitatori		ADDITIONS/CHANGES TO O	FFICERS AND	DIRE	CTORS	IN 12	
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF