

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G22773** (7)  
1. Corporation Name  
**AIRGUIDE INTERNATIONAL DISC, INC.**



Principal Place of Business <b>795 WEST 20TH STREET HIALEAH FL 33010</b>	Mailing Address <b>795 WEST 20TH STREET HIALEAH FL 33010</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> 6501 NW 37th Ave. <b>27</b> Suite, Apt. #, etc. <b>28</b> City & State <b>29</b> Zip <b>30</b> Country		3. Date Incorporated or Qualified <b>02/02/1983</b>	
		4. FEI Number <b>59-2258184</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HEGAMYER, W.H. 511 NO MASHTA DRIVE KEY BISCAYNE FL 33149</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 <b>CP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEGAMYER, W H</b>		1.2 NAME	
STREET ADDRESS <b>511 N MASHTA DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEGAMYER, L.K.</b>		2.2 NAME	
STREET ADDRESS <b>511 N MASHTA DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEGAMYER, K L</b>		3.2 NAME	
STREET ADDRESS <b>281 GREENWOOD DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, CHARLES V</b>		4.2 NAME	
STREET ADDRESS <b>1550 NE 123RD ST. N-307</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>N MIAMI FL 33161</b>		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARTY, D C</b>		5.2 NAME	
STREET ADDRESS <b>7845 SW 67TH TERRACE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		5.4 CITY-ST-ZIP	<b>33143</b>
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HINCKLEY, H D</b>		6.2 NAME	
STREET ADDRESS <b>6065 ROLLING RD DR</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33156</b>		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* 2/10/98 200 100 0000

CR2E034 (10/97)