

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90025 001 *3,450.00

DOCUMENT # G22773

1. Corporation Name
AIRGUIDE INTERNATIONAL DISC, INC.

Principal Place of Business
795 WEST 20TH STREET
HIALEAH FL 33010

Mailing Address
6501 NW 37TH AVE
MIAMI FL 33147
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1983

4. FEI Number

59-2258184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

HEGAMYER, W.H.
511 NO MASHTA DRIVE
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DIRECTORS

TITLE CP ☐ DELETE

NAME HEGAMYER, W H
STREET ADDRESS 511 N MASHTA DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME HEGAMYER, L.K.
STREET ADDRESS 511 N MASHTA DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD ☐ DELETE

NAME HEGAMYER, K L
STREET ADDRESS 261 GREENWOOD DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V
STREET ADDRESS 1550 NE 123RD ST. N-307
CITY-ST-ZIP N MIAMI FL 33161

TITLE VD ☐ DELETE

NAME MARTY, D C
STREET ADDRESS 7845 SW 67TH TERRACE
CITY-ST-ZIP MIAMI FL 33143

TITLE VD ☐ DELETE

NAME HINCKLEY, H D
STREET ADDRESS 6065 ROLLING RD DR
CITY-ST-ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

Kathy Hegamyer

Date

Daytime Phone #

305-696-0830

CR2E034 (11/98)

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