**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H10133 AIR, INC. Mailing Address Principal Place of Business 1373 N. KILLIAN DR. 1373 N. KILLIAN DR. LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1377 n. Killing dr. 26 59-2421562 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 19Ke por Trust Fund Contribution Added to Fees Country P. 3 8. This corporation owes or has paid the current year Intangible P.B 33Y03 33*Yo*3 ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWARD, THOMAS M. 1373 N. KILLIAN DR. O. Box Number is Not Acceptable) 82 Street Address (F LAKE PARK FL 33404 \*\*\* вз 84 City the above-named corporation submits this statement for the purpose of changing its registered thorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607,050 office or registered agent, or both, in the State and 607,1508, Florida Sta Such change w Section 607.05**0** agent. I am fart ida Statutes SIGNATURE ed Agent signature required when reinstating) ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS DELETE Change TITLE 1.1 TITLE THOMAS, HOWARD NAME 1.2 NAME 12120 A1A 1.3 STREET ADDRESS STREET ADDRESS LAKE PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change 31 DILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

14. Thereby 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 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 of the receiver of true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in that an address of the corporation of the c rus OSDO

Change

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