

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 24, 1999 8:00 am
Secretary of State

03-24-1999 90054 014 ***150.00

DOCUMENT # H65578

1. Corporation Name
DO ALL AIR, INC.

Principal Place of Business
1343 S. KILLIAN DRIVE
LAKE PARK FL 33403
US

Mailing Address
P.O. BOX 12011
LAKE PARK FL 33403
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1985

4. FEI Number

59-2604223

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

TYLLY, ROBIN
3773 MIL LAKE CT
GREENACRES CITY FL 33463

10. Name and Address of New Registered Agent

81 Name

ROBERT A CLIFT

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

9068 W HIGHLAND PINES DR

83

84 City

PALM BEACH GARDENS FL

85 Zip Code
33418

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.

ROBERT A CLIFT

2/4/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CLIFT, ROBERT A
STREET ADDRESS 525 32ND STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VP ☐ DELETE

NAME MACRY, CHRISTOPHER
STREET ADDRESS 711 MCINTOSH ST
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ST ☒ DELETE

NAME TULLY, ROBIN S
STREET ADDRESS 3773 MIL LAKE CT
CITY-ST-ZIP GREENACRES CITY FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9068 W HIGHLAND PINES DR
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CLIFT

2/4/99 561-833-7724

Date

Daytime Phone #

CR2E034 (1/98)

0368855