Mar 13, 1999 8:00 am Secretary of State

03-13-1999 90002 012 ***450.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H67045

1. Corporation Name

AIRMARK COMPONENTS, INC.

Principal Place	of Business	Mailing Address						
6001 N W 29TH	I AVE	6001 N W 29TH AVE						
FT LAUDERDAL	E FL 33309	FT LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE		
US		us	US			3. Date Incorporated or Qualifed		
						** · · · · · · · · · · · · · · · · · ·		1
· <u> </u>			· · · · · · · · · · · · · · · · · · ·			07/18/1985 4. FEI Number		plied For
2. Principal Pl	ace of Business	2a. Mailing Address				**	- -	·
21		26				59-2557379		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
22		27						
City & State		City & State				6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees	
Zip				Country		8. This corporation owes the current year		
24	25 29 30					Personal Property Tax.	Yes	□No
	Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent	 i
			8	١	Name			
MILBURN, WILLIAM R.			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SOUTHWEST SECOND AVENU	E		1	0001			
FOR	T LAUDERDALE FL 33315		8:	3				
			-		A.:		or Zin	Code
			84	Ì	City	•	• L " '	- (
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								
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was autr tions of, Section 607.0505, Florid	a Statute	yιπ S.	ne corporatio	on's board of directors. Thereby accept the ap	politiment as re	gistered
SIGNATURE	, ,							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				ent s	signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.11					☐ Change	Addition
NAME	Moritz, Ernest		1.2 NAME		\	•		ì
STREET ADORESS	1424 NW 8TH ST		1.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP	DANIA FL			1.4 CITY-ST-ZIP		·		
πτιε	SD □ DELETE 2.1						☐ Change	☐ Addition
NAME	MILBURN, WILLIAM R. 221			į		•		1
STREET ADDRESS				2.3 STREET ADDRESS				ļ
	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			-	
CITY-ST-ZIP	DELETE			3.1 TITLE			Change	Addition
			3.2 NAME					_
NAME					DDDEES			
STREET ADDRESS			3.3 STRE					Į
CITY-ST-ZIP		☐ DELETE	3.4. CITY		-ZIP		Change	☐ Addition
TITLE		□ nere1¢	4.1 TITLE		1		_ Givingo	١,١٥٥،١٥١، ١
NAME			4. 2 NAME					ĺ
STREET ADDRESS			4.3 STRE	ETA	ODRESS	·		1
CITY-ST-ZIP			4.4 CITY-		ZIP		F	
TITLE		☐ DELETE	5.1 TITLE		[•	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ETA	ADDRESS)
CITY-ST-ZIP			5.4 CITY-		ZIP			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME .			6.2 NAME					
STREET ADDRESS			6.3 STRE	ETA	ADDRESS			
			-					

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 mattachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP