## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of Stale DIVISION OF CORPORATIONS

1998 DOCUMENT #

J00912

(2)

CORAL AIRE, INC.

ipal Place of Business	Mailing Address
	AAAA 4.1/A1/A BA4B

## **FILED** Apr 02 1998 8:00am Secretary of State



Dringing Blog	o of Purinage	Mailing Addross				IEN GFRF BIRN BIRN BIRN BIRN BIRN 1881
Principal Place of Business Mailing Address						
6601 LYONS ROAD D-8 D-8						
COCONUT CREEK FL 33073 COCONUT CREEK FL 33073			DO NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated or Qualified	
					02/25/1986	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
<u> </u>		26			59-2640708	Not Applicable
Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27				······································
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country			
	├─ <b>┐</b> '		30		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Te current year intangible
24	25 25 Name and Address of Current		30]		10. Name and Address of New Registe	
	<del></del>	it flogiotolog rigoti	81	Name		
	LINDSTROM, CARL EDWARD					
	601 LYONS RD., #D-8		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
U	OCONUT CREEK FL 33073		83	<del></del>		
			"			
			84	City		FL 85 Zip Code
44 0	40-1	2 CO2 44 00 Flor do Piol do		L named ass	poration submits this statement for the purpo	
nffice or r	registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida, Such change was a	uthorized by	v the corporal	lion's board of directors. I hereby accept the	o appointment as registered
SIGNATURE	Signature, typed or printed name of registered ago	INOTE INTO A CONTRACTOR OF THE PART OF THE	· Registered Acu	ont einvalure requi	ired when reinstating) D	DATE
12.	OF LICERS AN		13.	an aigranate itsjan	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DS	DELETE	1.1 TITLE			Change Addition
NAME	LINDSTROM, DEBORAH		1.2 NAME			
STREET ADDRESS	6601 LYONS ROAD D-8		1.3 STREET	ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY - S			
TITLE	DP	DELETE	2 1 TiTLE			Change Addition
NAME	LINDSTROM, CARL E.		2.2 NAME			
STREET ADDRESS	6601 LYONS ROAD D-8		2 3 STREET	ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		2. 4 CITY-			
TITLE	DV	DELETE	3.1 TITLE	71 2"		Change Addition
NAME	LINDSTROM, JEFFREY C.		3 2 NAME			
STREET ADDRESS	6601 LYONS ROAD D-8		3.3 STREET	ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-			
TITLE	DV	DELETE	4.1 TITLE			Change Addition
NAME	LINDSTROM, DOUGLAS S.		4. 2 NAME			
STREET ADDRESS	6601 LYONS ROAD D-8		4.3 STREET	ADDRESS		
City-St-Zif	COCONUT CREEK FL		4.4 CITY - S	IT-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	i7 - <b>2</b> IP	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE	Dr. Fyr		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY- S			
	portify that the information supplied w	th this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes, I furth	per certify that the information

Thereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 1.19.07(3)(). Florida Statutes, 1 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 rejectiver 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 your angle, or or an affect ment with an address.