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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J97725** **(2)**

1. Corporation Name
AIR ASSOCIATES, INC.

Principal Place of Business	Mailing Address
845 WATERWAY PL SUITE 101 LONGWOOD FL 32750 US	845 WATEWRWAY PL SUITE 101 LONGWOOD FL 32750-3564 US

3. Date Incorporated or Qualified: **10/07/1987**
3a. Date of Last Report: **06/17/1996**

2. Principal Place of Business
21 928 JOSIANE CT
Suite, Apt. #, etc.
22 Suite 1001
City & State
23 ALTAMONTE SPRINGS
Zip 24 32701 Country 25

2a. Mailing Address
26 PO BOX 470700
Suite, Apt. #, etc.
27
City & State
28 LAKE MONROE
Zip 29 32747 Country 30

4. FEI Number: **59-2865206** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THOMAS, LORI
845 WATERWAY PLACE
SUITE 101
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name: MARGARET A. VEITCH.
82 Street Address (P.O. Box Number is Not Acceptable): 126 SACKETT RD
83
84 City: DEBARY FL 85 Zip Code: 32713

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: Margaret A. Veitch MARGARET A. VEITCH 4/7/97
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	THOMAS, LORI		1.2 NAME	THOMAS, LORI
STREET ADDRESS	~~845 WATERWAY PLACE, SUITE 101~~		1.3 STREET ADDRESS	PO BOX 470700 928 JOSIANE CT #1001
CITY-ST-ZIP	~~LONGWOOD FL~~		1.4 CITY-ST-ZIP	LAKE MONROE, FL 32747 ALTAMONTE SPRINGS FL 32701
TITLE	V	☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	HEATHERDALE, T. SCOTT		2.2 NAME	HEATHERDALE, T. SCOTT
STREET ADDRESS	~~845 WATERWAY PL 100~~		2.3 STREET ADDRESS	PO BOX 470700 928 JASMINE CT #1001
CITY-ST-ZIP	~~LONGWOOD FL~~		2.4 CITY-ST-ZIP	LAKE MONROE, FL 32747 ALTAMONTE SPRINGS FL 32701
TITLE	TS	☐ DELETE	3.1 TITLE	TS ☐ Change ☐ Addition
NAME	VEITCH, M.A.		3.2 NAME	VEITCH, M.A.
STREET ADDRESS	~~845 WATERWAY PL 100~~		3.3 STREET ADDRESS	PO BOX 470700 928 JOSIANE CT #1001
CITY-ST-ZIP	~~LONGWOOD FL~~		3.4 CITY-ST-ZIP	LAKE MONROE, FL 32747 ALTAMONTE SPRINGS FL 32701
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Margaret A. Veitch MARGARET A. VEITCH 4/7/97 407-331-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

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