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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

929 JOSIANE CT.
1001
ALTAMONTE SPRINGS FL 32701
US

P.O. BOX 470700
LAKE MONROE FL 32747
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 126 SACKETT RD

Suite, Apt. #, etc.

22 City & State

23 DEBARY FL

Zip

24 32713

Country

25 4

2a. Mailing Address

26 P.O. BOX

Suite, Apt. #, etc.

27 City & State

28 DEBARY FL

Zip

29 32713

Country

30 4

3. Date Incorporated or Qualified

10/07/1987

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

VEITCH, MARGARET
126 SACKETT RD.
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME THOMAS, LORI
STREET ADDRESS 928 JOSIANE CT. 1001
CITY-ST-ZIP LAKE MONROE FL
☒ DELETE

TITLE V
NAME HEATHERDALE, T. SCOTT
STREET ADDRESS 928 JOSIANE CT. #1001
CITY-ST-ZIP ALTAMONTE SPRINGS FL
☒ DELETE

TITLE TS
NAME VEITCH, M.A.
STREET ADDRESS 928 JOSIANE CT. 1011
CITY-ST-ZIP ALTAMONTE SPRINGS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE PRESIDENT ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

CR2E034 (10/97)