

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary, Treasurer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K16086** (6)

1. Corporation Name

AIR SPECTRUM III, INC.



Principal Place of Business

**1881 N.E. 26TH STREET
SUITE 40
FT. LAUDERDALE FL 33305**

Mailing Address

**1461 BANKS ROAD
MARGATE FL 33065
US**

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/25/1988

3a. Date of Last Report
03/20/1995

4. FEI Number

NOT APPLICABLE

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. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LITTLE, BRUCE H., P.A.
2010 N. ANDREWS AVE.
FT LAUDERDALE FL 33311**

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 607.03(2)(a) and 607.03(2)(b), 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 the Florida Statutes, Chapter 607.

SIGNATURE

Signature of the person authorized to sign this statement

Signature of the person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P
SINCLAIR, DOUGLAS B.**
STREET ADDRESS **1926 RIVER OAKS DR.**
CITY, ST, ZIP **FT. LAUDERDALE FL**

2. TITLE ☐ DELETE

NAME **VP
TORNINCASA, JOHN**
STREET ADDRESS **2128 N.W. 116TH TERR.**
CITY, ST, ZIP **CORAL SPRINGS FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 do hereby certify that the information supplied with this filing is voluntary, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information and statements in this annual report or copies of the annual report is true and correct 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 business or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the State Block of the report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/96 954-968-218

CR2E034 (12/95)