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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90100 014 ***150.00

| Corporation | Y AIR, INC. |) | | | | |
|---|---|--|--|---|-------------------------------------|-------------------------------------|
| Principal Place | e of Business | Mailing Address | | 1 (001011) 88) 87108 11110 14112 38310 8151 010 | NI MINIT HINTI BINIT W | |
| 1350 W. BRANDON BLVD BRANDON FL 33510 US | | C/O SANDERS. WALTER 13910 N. DALE MABRY STE 1 TAMPA FL 33618 | | DO NOT WRITE IN TH | IIS SPACE | |
| | | U\$ | | 3. Date Incorporated or Qualifed 12/28/1988 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | 59-2935659 | | Applicable |
| Suite, Apt. | . #, etc | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A Fee Red | |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | Country | Trust Fund Contribution | Added to | Fees |
| Zip | Country 25 | Zip 31 | ¬ ' | This corporation owes the current year Personal Property Tax. | | □No |
| | 9. Name and Address of Currer | | | 10. Name and Address of New Registere | d Agent | |
| 0411 | DEDO MAITED | | 81 Name | | | 1 |
| Sanders, Walter 13910 North Dale Mabry Hwy Ste one | | | 82 Street Add | fress (P.O. Box Number is Not Acceptable) | | - |
| | | | 83 | <u> </u> | _ | |
| TAM | IPA FL 33618 | | 94 67 | | . 85 Zip C | ode |
| | | | 84 City | | | |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607.050 registered agent, or both, in the State im [amiliar with, and accept the obligations] | 02 and 607.1508, Florida Statutes, of Florida. Such change was auth ations of, Section 607.0505, Florid | , the above-named corporation of the corporation of | poration submits this statement for the purpose ion's board of directors. I hereby accept the app | of changing its oppointment as reg | registered gistered |
| | 10 12 1 1 | | | | ~ 100 | |
| SIGNATURE | Value Januar Wa | Her Sandere | | DATE | 3/99 | |
| | Signature, typed of printed name of registered ager | nt and title if applicable. (NOTE: Re | egistered Agent signature require | | AND DIRECTOR | RS IN 12 |
| 12. | Signature, types of printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: Re | 13. | ad when reinstating) ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR Change | RS IN 12 |
| | Signature, typed of printed name of registered ager | nt and title if applicable. (NOTE: Re ND DIRECTORS | 13. | | | |
| 12. πιε | OFFICERS AN PS YAMBOR, PAULA R. 2202 SHERBROOK DRIVE | nt and title if applicable. (NOTE: Re ND DIRECTORS | 13. 1.1 TITLE | | | |
| 12. TITLE NAME | Signature, type of printed name of registered ager OFFICERS AN PS YAMBOR, PAULA R. 2202 SHERBROOK DRIVE VALRICO FL | nt and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Change | Addition . |
| 12. TITLE NAME STREET ADDRESS | PS YAMBOR, PAULA R. 2202 SHERBROOK DRIVE VALRICO FL | nt and title if applicable. (NOTE: Re ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | | |
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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 of the feetiver 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 any attachment with an address, with all other like empowered.

SIGNATURE: