## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K56999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90169 003 \*\*\*150.00

STUART	AIR, INC.										
Principal Place	e of Business	Ma	illing Address					i 10010))) i dan dinib dirid idile j	18110 IDII 81015		IBII 8181) 1861
% EDWARD PARKS 4856 SW BIMINI CR S PALM CITY FL 34990  **EDWARD PARKS 4856 SW BIMINI CR S PALM CITY FL 34990  PALM CITY FL 34990							DO NOT WRITE IN THIS SPACE				
TALM OFFI IE	34333						- 1	3. Date Incorporated or Qualifed	J		
							}	01/05/1989			
2. Principal P	lace of Business	2a.	Mailing Address				4	4. FEI Number		App	olied For
21		26						NOT APPLICABLE			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
City & Stat	e		City & State				- (	6. Election Campaign Financing		\$5.00 N	May Be
23		28			_			Trust Fund Contribution		Added to	Fees
Zip	Country		Zip	Co	untry		ŧ	8. This corporation owes the cur	rent year In		_
24	25	29		30				Personal Property Tax.			□No
	9. Name and Address of Curre	ent Regist	tered Agent		4_		10	0. Name and Address of New	Registered	Agent	
040	1/0 EDWARD				81	Name					
PARKS, EDWARD 4856 SW BIMINI CR S					82	Street A	Address	ddress (P.O. Box Number is Not Acceptable)			
PALI	M CITY FL 34990				83						
					84	City			FI	85 Zip C	ode
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblic Signature, typed or printed name of registered as	e of Florid pations of,	a. Such change was a Section 607.0505, Flo	utnorize rida Sta	ed by itutes	tne corbo	oration s	poard of directors. The eby acce		99	istoreu
12.	OFFICERS A	ND DIRE		13	J			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	D		☐ DELETE	1.5	TITLE					Change	Addition
NAME	Parks, Edward			1.2	NAME						j
STREET ADDRESS				1.3	STREE	ADDRESS					
CITY-ST-ZIP	PALM CITY FL			1.4	CITY-S	T-ZIP	ļ				C Addition
TITLE			☐ DELETE	2.1	TITLE					Change	☐ Addition }
NAME				2.2	NAME	1	1				1
STREET ADDRESS				2.3	STREET	ADDRESS [					į
CITY-ST-ZIP				_	CITY-S	T-ZIP	-			CI Channa	☐ Addition
TITLE			☐ DELETE	1	TITLE					Change	☐ Accident
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			- Deci etc		CITY-5	T-ZIP	ļ <u>-</u>			Change	Addition
TITLE			☐ DELETE		TITLE					Citatige	Addition
NAME					NAME	- 1	1				}
STREET ADDRESS						ADDRESS	1				Ì
CITY-ST-ZIP			M priese	_	CITY-S	T-ZIP				Change	Addition
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NAME				3.2	WINE		1				)
STREET ADDRESS					etper	r Annocce i	i	•			}
						T ADDRESS		•			
CITY-ST-ZIP	·		O DELETE	5.4	CITY-S					[7] Change	☐ Addition
CITY-SY-ZIP TITLE NAME			☐ DELETE	5.4 6.1						Change	☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

Daytime Phone #