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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L16183 1. Corporation Name

AIR MARSHALL, INC.

Principal Place of Business

2870 STIRLING ROAD

Mailing Address

1130 SPYGLASS CT ET LAUDERDALE EL 33326

# May 10, 1999 8:00 am Secretary of State

05-10-1999 90159 050 \*\*\*150.00



| HOLETWOOD PE 33020                              | US                     | 1020          |   | DO NOT WRITE IN THIS S  | PACE                           |
|---|------------------------|---------------|---|---|--------------------------------|
|   |                        |               |   | 3. Date Incorporated or Qualifed  |                                |
|   | ESAMES                 |               |   | 09/13/1989  |                                |
| 2. Principal Place of Business                  | 2a. Mailing Address    |               |   | 4, FEI Number   | Applied For                    |
| 21 2364 SW 34+6s.                               | treet 1824 \$26 2364 S | S.W. 34       | th street   | 65-0147401  | Not Applicable                 |
| Suite, Apt. #, etc. 22 F+ (aud. F               | Suite, Apt. #, etc.    | (E)           |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| City & State 23 333 12 US/                      | City & State           | Jd. F         |   | 6. Election Campaign Financing Trust Fund Contribution                  | \$5.00 May Be<br>Added to Fees |
| Zip Country <b>24 2 25</b>                      |                        | Gountry<br>30 | 's A  | This corporation owes the current year Intan     Personal Property Tax. | gible<br>☐Yes ☐No              |
| 9. Name and Address of Current Registered Agent |                        |               |   | 10. Name and Address of New Registered Ag                               | jent                           |
| MARSHALL, DONALD JR                             |                        | 81            | Name  |   |                                |
| 1304 SW 160 AVE                                 |                        |               | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                |
| SUITE 142                                       |                        | 83            |   |   |                                |

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, and accept the obligations of Section 607.0505. Florida Statutes.

84 City

| SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE   | agent. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. |  |                                    |  |            |  |  |  |  |  |
|---|--|--|------------------------------------|--|------------|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS         13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         DP         DELETE         1.1 TITLE         Change         Addit           NAME         MARSHALL, DONALD JR         12 NAME         12 NAME         13.3 STREET ADDRESS         1130 SPYGLASS CT         1.3 STREET ADDRESS         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         TITLE         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Addit           NAME         1.2 NAME         22 NAME         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         1.5 Change         1.5 Addit | SIGNATURE  | Stonature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature require | red when reinstating) DATE   | _ '        |  |  |  |  |  |
| DP  |  |  | <del></del>                        |  |            |  |  |  |  |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME  1130 SPYGLASS CT FT LAUDERDALE FL 33326  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME   |  | <b>DP</b> □ DELETE   |                                    | ☐ Change ☐ /   | Addition   |  |  |  |  |  |
| CITY-ST-ZIP         FT LAUDERDALE FL 33326         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         2.2 NAME   |  | MARSHALL, DONALD JR  | 1.2 NAME                           |  |            |  |  |  |  |  |
| TITLE         DELETE         2.1 TITLE         Change         Addit           NAME         2.2 NAME   | STREET ADDRESS   | 1130 SPYGLASS CT   | 1.3 STREET ADDRESS                 |  |            |  |  |  |  |  |
| NAME 2.2 NAME   | CITY-ST-ZIP  | FT LAUDERDALE FL 33326   | 1.4 CITY-ST-ZIP                    |  |            |  |  |  |  |  |
|   | TITLE  | ☐ DELETE   | 2.1 TITLE                          | Change D   | Addition   |  |  |  |  |  |
| STREET ADDRESS 2.3 STREET ADDRESS   | NAME   |  | 2.2 NAME                           |  | l          |  |  |  |  |  |
|   | STREET ADDRESS   |  | 2.3 STREET ADDRESS                 |  |            |  |  |  |  |  |
| CITY-ST-ZIP 2.4 CITY-ST-ZIP   | CITY-ST-ZIP  |  | 2. 4 City-ST-ZIP                   |  |            |  |  |  |  |  |
| ΠΤLE   DELETE 3.1 ΤΙΠΕ   Change   Addit   | TITLE  | DELETE   | 3.1 TITLE                          | Change C   | Addition   |  |  |  |  |  |
| NAME 32 NAME  | NAME   |  | 32 NAME                            |  |            |  |  |  |  |  |
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| CITY-ST-ZIP 3.4. CITY-ST-ZIP  | CITY-ST-ZIP  |  | 3.4. CITY-ST-ZIP                   |  |            |  |  |  |  |  |
|   | TITLE  | ☐ DELETE   | 4.1 TITLE                          | ☐ Change ☐ I   | Addition I |  |  |  |  |  |
| NAME 4.2 NAME   | NAME   |  | 4. 2 NAME                          |  |            |  |  |  |  |  |
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| CITY-ST-ZIP 4.4 CITY-ST-ZIP   | CITY-ST-ZIP  |  | 4.4 CITY-ST-ZIP                    |  |            |  |  |  |  |  |
| TITLE   DELETE  | TITLE  | ☐ DELETE   | 5.1 TITLE                          | ∐ Change ☐ i   | Addition   |  |  |  |  |  |
| NAME 52 NAME  | NAME   |  | 5.2 NAME                           |  |            |  |  |  |  |  |
| STREET ADDRESS 5.3 STREET ADDRESS   | STREET ADDRESS   |  | 5.3 STREET ADDRESS                 |  |            |  |  |  |  |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP   | CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP                    |  |            |  |  |  |  |  |
| TITLE   DELETE   6.1 TITLE   Change   Addit   | TITLE  | ☐ DELETE   | 6.1 TITLE                          | ☐ Change ☐ /   | Addition   |  |  |  |  |  |
| NAME 6.2 NAME   | NAME   |  | 6.2 NAME                           |  |            |  |  |  |  |  |
| STREET ADDRESS 6.3 STREET ADDRESS   | STREET ADDRESS   |  | 6.3 STREET ADDRESS                 |  | i          |  |  |  |  |  |
| 64 CITY-ST-ZIP  64 CITY-ST-ZIP  14 I bereby certify that the information symplied with this filing does not qualify for the exemption safety in Section 119.07(3)(i). Florida Statutes. I further certify that the information  |  |  |                                    | Section 440 07/20// Elevido Statutas I further cortifu that the informa- | ation      |  |  |  |  |  |

Indicated on this annual report or supplied with this time does not quality for the exemption spated in Section 119.07(3)(i), Fronda Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and exemption 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.

SIGNATURE:

954-584-79*0*9

CR2E034 (11/98)

Zip Code