PROFIT CORPORATION ANNUAL REPORT 1997	Sandra B. Secretary	TMENT OF STATE • Morthum y of State • ORPORATIONS	May 05 19 Secretary	
OCUMENT # L21668 OCEAN AIRE REALTY & INVESTM		2 2 2 2 2 2		
rincipal Place of Business 1703 Galt Ocean Drive 17 LAUDERDALE FL 33308	Mailing Address 3703 Galt Ocean Drive Ft Lauderdale FL 33308	3-7611	, taktulati oʻla tirdit tidha bitta ditta olifa sitat aldı.	, 41011, 91911, 91917, 91977, 1897
			10/06/1989 05	Date of Last Report /01/1996
Principal Place of Business 3418 NO OCEAN BLVD	28. Mailing Address 26 3418 NO • OC	CEAN BLVD.	4. FEI Number 65-0149941	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution Image: Contribution 8. This corporation has liability for intangible	Added to Fees
25 9. Name and Address of Curre		30	Florida Statutes Yes 10. Name and Address of New Registered	🗆 No
MILLER, DON PAUL		1 Name		
FT. LAUDERDALE FL 33308		B3	dress (P.O. Box Number is Not Acceptable)	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	02 and 607.1508, Florida Statute e of Florida. Such change was a jations of, Section 607.0505, Flor	83 84 City	Idress (P.O. Box Number is Not Acceptable)	S5 Zip Code f changing its registered pointment as registered
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Statute, typed or perted name of registered ag 	ent and title if applicable. (NOTE	b3 b4 City b5, the above-named ci uthorized by the corpo rida Statutes.	Disponential for the purpose of ration's board of directors. I hereby accept the appropriate director of the restance of the appropriate director of the approprise director of the appropriate direct	Changing its registered pointment as registered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig IGNATURE Signature, speed or period name of registered ag OFFICERS AN LE		b3 b4 City b5, the above-named ci uthorized by the corpo rida Statutes.	FL propration submits this statement for the purpose of ration's board of directors. I hereby accept the app	of changing its registered pointment as registered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or protect name of registered ag OFFICERS AN LE P MILLER, DON PAUL T	ent and tills if applicable (NOTE ID DIRECTORS	b3 b4 City b5, the above-named ci uthorized by the corpo rida Statutes. Registered Agent signature re 13.	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or pertex name of registered ag . OFFICERS AN LE ME ME ME ATODRESS (Y-SI-74)	ent and life if applicable. (NOTE ID DIRECTORS DELETE	B3 B4 City S5, the above-named ci uthorized by the corpo rida Statutes. Registered Agent elgnature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CIT - ST-ZIP	Disponential for the purpose of ration's board of directors. I hereby accept the appropriate director of the restance of the appropriate director of the approprise director of the appropriate direct	Changing its registered pointment as registered DDIRECTORS IN 12
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or periled name of registered ag OFFICERS AN UE P ME HELADDRESS Y-ST-76 E	ent and tills if applicable (NOTE ID DIRECTORS	B3 B4 City B5, the above-named c uthorized by the corpor rida Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or pedea name of registered ag OFFICERS AN AE MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 E E E E E	ent and life if applicable. (NOTE ID DIRECTORS DELETE	B3 B3 B4 City S5, the above-named ci- ulthorized by the corpor- rida Statutes. Registered Agent eignature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	Changing its registered pointment as registered DDIRECTORS IN 12
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or protect name of registered ag OFFICERS AN OFFICERS AN ME HELER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 HE ME HET ADDRESS Y S1-7P	ent and life if applicable. (NOTE ID DIRECTORS DELETE	B3 B3 B4 City S5, the above-named ci uthorized by the corpor- rida Statutes. Bagistered Agent elgosture re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITy-ST-ZIP 2.1 TITLE 2.2 NAME	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	Changing its registered pointment as registered DDIRECTORS IN 12
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or puries name of registered ag OFFICERS AN P MILLER, DON PAUL 3703 GALT OCEAN DR, FT. LAUDERDALE FL 33308 If t ADDRESS Y SI-7P If MF	ent and life if applicable (NOTE ID DIRECTORS	Ba B	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	Change Addition
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or period name of registered ag OFFICERS AN P MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 LE ME KET ADDRESS Y SI-2P LE MF KET ADDRESS	ent and life if applicable (NOTE ID DIRECTORS	B3 B3 B4 City Statutes. Bagistered Agent algorithm corporation Statutes. S	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or puries name of registered ag OFFICERS AN UE ME GIALADRESS Y-S1-70 IE MF GET ADDRESS Y-S1-70 IE	ent and life if applicable (NOTE ID DIRECTORS		FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	Change Addition
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or period name of registered ag OFFICERS AN E P MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 E IET ADDRESS Y S1-716 E E E E E E E	ent and life if applicable (NOTE ID DIRECTORS	B3 B3 B3 B4 City S5, the above-named culthorized by the corporda Statutes. Bagistered Agent algorithms and the corpordal Statutes. Bagistered Agent algorithms and statutes. Bagistered Agent algorithms and the	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or period name of registered ag OFFICERS AN E P MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 E IET ADDRESS Y S1-716 E	ent and life if applicable (NOTE ID DIRECTORS		FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SINATURE Signature, typed or pertex name of registered ag OFFICERS AN P MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308	ent and life if applicable (NOTE ID DIRECTORS		FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	Change Addition
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or protest name of registered ag OFFICERS AN P MILLER, DON PAUL 3703 GALT OCEAN DR. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 FT ADDRESS Y SI-70 ⁶ E AE EET ADDRESS Y-SI-70 ⁶ E E AE EET ADDRESS Y-SI-70 ⁶ E E AE EET ADDRESS	ent and life if applicable (NOTE ID DIRECTORS	B3 B3 B4 City S5, the abbye-named cuthorized by the corporda Statutes. Begistered Agent algorithm of the corpordal Statutes. Sature Statutes. Begistered Agent algorithm of the corpordal Statutes. Satures. Sa	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, bysed or perfect name of registered ag OFFICERS AN IE ME ME RET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE ME REET ADDRESS Y - S1 - 70 ^o IE	ent and life if applicable (NOTE ID DIRECTORS	B3 B3 B4 City Statutes City Statutes Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
Pursuant to the provisions of Sections 607.05(office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig GNATURE Signature, typed or period name of registered ag OFFICERS AN LE P MELLER, DON PAUL 3703 GALT OCEAN DR.	ent and life if applicable (NOTE ID DIRECTORS	B3 B3 B4 City St, the abbye-named cuthorized by the corporda Statutes. Begistered Agent algoritative re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP	FL proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	