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PROFIT PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L63074

CUSTOM AIR DESIGN, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90059 003 ***150.00



2. Principal Place of Business 22. Malling Judices 65-0194695 No.							
SQL NE 49RD ST OAKLAND PARK FL 33334 22 Principal Pisce of Business 7	incipal Place of	Business	Mailing Address		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. Date incorporated or Qualified 03/29/1990 2. Principal Place of Business 17 2a. Mailing Address 4. FEI Number 55-019/4895 N. F. Feb. R.	TIMOTHY K. WA 2 NE 43RD ST	ILTERS	502 NE 43RD ST		DO NOT WRI	TE IN THIS SPACE	
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent WALTERS, TIMOTHY K. 502 NE 43RD ST OAKLAND PARK, PL 33334 44 City FL 45 City FL 45 City FL 46 City FL 47 City FL 47 City FL 48 C	Zip.	Country		Country	8. This corporation owes the curr	rent year Intangi⊭le	
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OAKLAND PARK FL 33334 83 84 City FL 85 Zip 64. 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 office or registered agent, of both, in the State of Florida 'Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its office or registered agent with; and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY ST. ZIP NAME WALTERS, TIMOTHY K. 2236 SE 9TH ST' 13. STREET ADDRESS CITY-ST. ZIP POMPANO BEACH FL DELETE 11. TIME 22. NAME 23. STREET ADDRESS CITY-ST. ZIP TIME DELETE 32. TIME 32. NAME 33. STREET ADDRESS CITY-ST. ZIP TIME DELETE 31. TIME Change CITY-ST. ZIP TIME DELETE 33. STREET ADDRESS CITY-ST. ZIP TIME DELETE 34. CITY-ST. ZIP Change TIME STREET ADDRESS CITY-ST. ZIP DELETE 35. TIME Change CITY-ST. ZIP TIME DELETE 35. STREET ADDRESS CITY-ST. ZIP TIME DELETE DELETE 35. TIME Change CITY-ST. ZIP Change TIME NAME STREET ADDRESS CITY-ST. ZIP DELETE STITLE DELETE STITLE DELETE STITLE DELETE STITLE NAME STREET ADDRESS CITY-ST. ZIP Change STREET ADDRESS CITY-ST. ZIP DELETE STITLE NAME STREET ADDRESS CITY-ST. ZIP DELETE STITLE NAME STREET ADDRESS CITY-ST. ZIP Change CHANGE CITY-ST. ZIP CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CH		tow that		81 Nam	•		ì
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### A1. 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 office or registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### SIGNATURE Signature, typed or prival name of registered agent and title of applications. (NOTE: Registered Agent age	4				<u> </u>	log Zin	Code
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SIGNATURE Signature, typed or printed harms of registered agent aignature required when reinstating) DATE					poration's board of directors. I hereby acce	pt the appointment as re	gistered
12.	IGNATURE					DATE	
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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.

SIGNATURE