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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90107 023 \*\*\*150.00

DOCUMENT	#	197	744	1
. Corporation Name				•

AIR ELECTRONIC CORP.

Principal Place of Business Mailing Address 1084 NAV 53RD ST 1064-NW 53RD ST FT LAUBERDALE FC 33309 FT LAUDERDALE FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/30/1990 Principal Place of Business Mailing Address 4. FEI Number Applied For Powy line Rd Powelmeros 5601 5601 Not Applicable 65-0219476 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired . -Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State lauch Fot (and Trust Fund Contribution Added to Fees 28 8. This corporation owes the current year Intangible 4.S.A u-sA Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EBIED , SAIED EBIED. SAIED Street Address (P.O. Box Number is Not Acceptable) 82 ,501 NW 787H WAY マタンコ PLANTATION FL 33824 83 City Zip Code 84 33306 Fort lauch 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 registereds 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. I am familiar with and accept the abligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed na ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE EBIED, SAIED 1.2 NAME NAME 501 NW 78TH WAY 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE EBIED. MADIHA H 2.2 NAME NAME 501 NW 78TH WAY 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)