

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90028 038 ***150.00

DOCUMENT # M83597

1. Corporation Name
R.S. AIR, INC.

Principal Place of Business

~~115 LAREDO LANE~~
~~BOCA RATON FL 33487~~
~~US~~

Mailing Address

~~115 LAREDO LANE~~
~~BOCA RATON FL 33487~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1988

4. FEI Number

65-0218475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 420 US HWY #1

Suite, Apt. #, etc.

22 SUITE - 150

City & State

23 NORTH PALM BEACH, FL.

Zip

24 33408

Country

25 US

2a. Mailing Address

26 420 US HWY #1

Suite, Apt. #, etc.

27 SUITE # 150

City & State

28 NORTH PALM BEACH, FL.

Zip

29 33408

Country

30 US

9. Name and Address of Current Registered Agent

ROSENTHAL, ALAN
115 LAREDO LANE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name ROBERT C. NEVINS III

82 Street Address (P.O. Box Number is Not Acceptable)

420 US HWY #1 SUITE 150

83

84 City NORTH PALM BEACH FL 85 Zip Code 33408

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ROBERT C. NEVINS III

4/20/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME ROSENTHAL, ALAN
STREET ADDRESS 115 LAREDO LANE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME ROBERT C. NEVINS III

1.3 STREET ADDRESS 420 US HWY #1 SUITE 150

1.4 CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

4/20/99 (561) 642-7820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)