

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M91485** (6)

1. Corporation Name

ATLAIR, INC.

Principal Place of Business

Mailing Address

% IRVING HAASE
3400 SO. OCEAN BLVD., APT. 9G
HIGHLAND BEACH FL 33487

% IRVING HAASE
3400 SO. OCEAN BLVD., APT. 9G
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1988

3a. Date of Last Report

04/08/1994

4. FEI Number

11-2418597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business		2a. Mailing Address	
21	3201 SO OCN BLVD	26	3201 SO OCN BLVD
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	APT - PH-2	27	APT PH-2
City & State		City & State	
23	HIGHLAND BCH FL	28	HIGHLAND BCH FL
Zip	Country	Zip	Country
24	33487	25	U.S.A
29	33487	30	USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAASE, IRVING
3201 SO OCN BLVD
PH-2
HIGHLAND BEACH FL 33487

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature of type of or printed name of registered agent and the # of copies)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HAASE, IRVING
STREET ADDRESS	3400 S. OCEAN BLVD., #9G
CITY ST ZIP	HIGHLAND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3201 SO OCN BLVD # PH-2
1.4 CITY ST ZIP	HIGHLAND BCH FL 33487
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Irving Haase
IRVING HAASE

5/29/95

407-278-7684