## 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

## DOCUMENT # M91485 1. Corporation Name

ATLAIR, INC.

Principal Place of Business 3201 S OCEAN BLVD

APT -PH 2 HIGLAND BEAHC FL 33487

Mailing Address

3201 S OCENA BLVD

HIGHLAND BEACH FL 33487

US

## DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90049 044 \*\*\*150.00

07/28/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 11-2418597 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAASE, IRVING Street Address (P.O. Box Number is Not Acceptable) **3201 SO OCN BLVD** PH-2 83 HIGHLAND BEACH FL 33487 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME HAASE, IRVING NAME 3201 S OCEAN BLVD PH2 1.3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 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 □ DELETE ☐ Change ☐ Addition 5.1 TITLE ПП.Е

6.4 CITY-ST-ZIP 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 suppliemental 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETÉ

S61-278-768)

Change

☐ Addition

CR2E034 (11/98)