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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M98662 SONIC AIR SYSTEMS, INC.

(3)

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 660656 P.O. BOX 660656 MIAMI SPRINGS FL 33266 MIAMI SPRINGS FL 33266 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0161551 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREEN, VERNON B. 1928 PURDY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) PIER 5, SLIP 46 83 MIAMI BEACH FL 33139 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE GREEN, VERNON B. 1.2 NAME NAME 1928 PURDY AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 SYMEET ADDRESS 6.4 CITY ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate at officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address. emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: VELYON & GREENS REQUIR

305 871-3701 1.8.98