

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90055 039 ***150.00

DOCUMENT # P00000079014

1. Entity Name

HI - LO, AERIAL CORP.



Principal Place of Business

1901 NW 18 STREET, BLDG D-NORTH
POMPANO BEACH FL 33069

Mailing Address

1901 NW 18 STREET, BLDG D-NORTH
POMPANO BEACH FL 33069

2. Principal Place of Business

1905 NW 18 Street
Unit #2

3. Mailing Address

1905 NW 18 Street
Unit #2



MOORE

CR2E034 (11/03)

City & State

Pompano Beach

City & State

Pompano Bch

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-1036629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONCINE, FRANK
23273 NEW COACH WAY
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MONCINE, FRANK**
STREET ADDRESS **23273 NEW COACH WAY**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VP** ☐ Delete
NAME **RIVERA, GINGER**
STREET ADDRESS **~~5230 SW 40 AVE~~ 4217 SW 52 Street**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-04 954-968-5438