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FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000000580

1. Corporation Name

STINGRAY AIR, INC.

Principal Place of Business

4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/92

4. FEI Number

65-0365600

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 or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

JAMES B. DAVIS, ESQ.
100 N.E. 3RD AVE., #400
FORT LAUDERDALE, FL 33301

81. Name

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

83. City

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 the current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D,P,S,T
NAME WILLIAMS, EDWARD M.
STREET ADDRESS 4725 N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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.

SIGNATURE: *Edward M. Williams, MD* President

954-958-4800

CR2E034 (10/97)