## 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 # **P92000000580**

1. Corporation Name

**SIGNATURE** 

STINGRAY AIR, INC.

**FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90155 022 \*\*\*150.00

| Principal Place of Business Mailing Address                             |  |                             |               |         |                                | i inbitingt tie enten trate sater an  | 111 <b>40</b> 111 40111 01 | lest mütet eteme   | 18111 6811 1681 |
|---|--|-----------------------------|---------------|---------|--------------------------------|---|----------------------------|--------------------|-----------------|
| 4725 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 |  |                             |               |         |                                |   | TE IN THE                  | <b>0</b> D4.0F     |                 |
|   |  |                             |               |         |                                | DO NOT WRITE IN THIS SPACE  |                            |                    |                 |
|   |  |                             |               |         |                                | 3. Date Incorporated or Qualifed 10/26/1992                                     |                            |                    |                 |
| Principal Place of Business     2a. Mailing Address                     |  |                             |               |         |                                | 4. FEI Number   |                            | ···                | plied For       |
| 21  | 26   |                             |               |         |                                | 65-0365600  |                            |                    | t Applicable    |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                              |  |                             |               |         |                                | 5. Certifcate of Status Desired   |                            | \$8.75 A<br>Fee Re | ,               |
| City & State City & State   |  |                             |               |         |                                | 6. Election Campaign Financing \$5.00 May Be                                    |                            |                    |                 |
| 23  | 28   |                             |               |         |                                | Trust Fund Contribution Added to Fees   |                            |                    |                 |
| Zip   | Country Zip Cou  |                             |               | intry   | 0. 1110 00 portanen en e e e   |   |                            |                    |                 |
| 24  | 25 29 30   |                             |               |         | Personal Property Tax.  Yes No |   |                            |                    |                 |
|   | 9. Name and Address of Curren  | t Registered Agent          |               |         |                                | 10. Name and Address of New F   | Registered A               | .gent              |                 |
|   |  |                             |               |         | Name                           |   |                            |                    |                 |
| DAVIS, JAMES B ESQ<br>100 NE 3 AVE.                                     |  |                             |               | 82      | Street Addre                   | ss (P.O. Box Number is Not Accepte  | able)                      |                    |                 |
| SUITE 400   |  |                             |               | 83      |                                |   |                            |                    |                 |
| FT. LAUDERDALE FL 33301   |  |                             |               | 84      | City                           |   |                            | 85 Zip (           | Code            |
|   |  |                             |               | lL      |                                |   | <u>FĻ</u>                  |                    | intered         |
| office or re  | to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligations. | of Florida, Such change was | aumonze       | ועסנכ   | ine corporatioi                | ration submits this statement for the<br>n's board of directors. I hereby accep | ot the appoin              | itment as re       | gistered        |
| SIGNATURE   |  | ALCOHOL MANAGEMENT          | TE. Dogistore | i Ageni | t signature required           | when rainstating)   | DATE                       |                    |                 |
|   | Signature, typed or printed name of registered age   | ID DIRECTORS                | 13.           |         | t signature required           | ADDITIONS/CHANGES TO OF   |                            | D DIRECTO          | PRS IN 12       |
| TITLE   | <b>DPST</b>  | DELETE                      | 1.1 T         |         |                                | ADDITIONOLOTIN WAS EDITION  |                            | Change             | ☐ Addition      |
| NAME  | WILLIAMS, EDWARD M   | _                           | 12 N          |         |                                |   |                            |                    |                 |
| STREET ADDRESS  | 4725 N. FEDERAL HIGHWAY  |                             |               |         | ADDRESS                        |   |                            |                    |                 |
| 1   | FT. LAUDERDALE FL 33308  |                             |               | TY-ST   |                                |   |                            |                    |                 |
| CITY-ST-ZIP   | FI. ENODERDALL TE 30000  | ☐ DELETE                    | 2.1 T         |         | -201                           |   |                            | ☐ Change           | Addition        |
| NAME  |  |                             | 2.2 N         |         |                                |   |                            |                    |                 |
|   |  |                             |               |         | ADDRESS                        |   |                            |                    |                 |
| STREET ADDRESS  |  |                             | 4             | TY-S    |                                |   |                            |                    |                 |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                    | 3.1 T         |         | 1-21                           |   |                            | Change             | ☐ Addition      |
|   |  |                             | 3.2 N         |         |                                |   |                            |                    |                 |
| NAME CTREET ADDRESS   |  |                             | •             |         | ADDRESS                        |   |                            |                    |                 |
| STREET ADDRESS  |  |                             | 1             | CITY-S  |                                |   | •                          |                    |                 |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                    | 4.1 T         |         | 1                              |   |                            | Change             | Addition        |
|   |  | _ ======                    | 1             | VAME    |                                | •   |                            | =                  |                 |
| NAME<br>OTDEET ADDDESS  |  |                             |               |         | ADDRESS                        |   |                            |                    |                 |
| STREET ADDRESS  |  |                             |               | ITY-ST  |                                |   |                            |                    |                 |
| CITY-ST-ZIP TITLE   |  | ☐ DELETE                    | 5.1 T         |         | r-&IF                          |   |                            | Change             | Addition        |
|   |  | _ 5222,6                    | 5.2 N         |         |                                |   | i";                        |                    |                 |
| NAME  |  |                             |               |         | ADDRESS                        |   | 1                          |                    |                 |
| STREET ADDRESS  |  |                             |               | ITY-S1  |                                |   |                            |                    | Ì               |
| CITY-ST-ZIP   |  | ☐ DELETE                    | 6.1 7         |         |                                |   | ,                          | Change             | Addition        |
| TITLE   |  |                             | 6.2 N         |         |                                |   | · .:                       |                    | _               |
| NAME  |  |                             |               |         | ADDRESS                        |   |                            |                    |                 |
| STREET ADDRESS  |  |                             |               |         |                                |   |                            |                    |                 |
| CITY-\$T-ZIP  |  |                             | 6.4 0         | JTY-S1  | I-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 chapted, or on an attachment with an address, with all other like empowered.