FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24 1998 8:00am Secretary of State

	MENT # P93000 SE AIR NETWORKS, INC.	0006393 (1)			
Principal Place of Business 9753 S ORANGE BLOSSOM TRAIL STE 206		Mailing Address 9753 S ORANGE BLOSSOM TRAIL STE 206			1311 0 0 17 00 1111 0 19130 1111 1 301
		ORLANDO FL 32837		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified 01/20/1993	ł
2. Principal P	lace of Business	2a. Mailing Address .		4. FEI Number	Applied For
	V.DYER BLVd.	28, 606 N. DY	ER Blud.	59-3163464	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 KISSIMMEE, FL		City & State	E, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 外	74/ 25 USA	29 3474/	Country SA	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
	9. Name and Address of Curren			10. Name and Address of New Registers	
	HNSON, WADE F JR.		81 Name		
250 NORTH ORANGE AVE.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	TH FLOOR LANDO FL 32801		83		
UH	LANDO FL 32601		83		
			84 City	F	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a strong of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat rida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	Signature, typed or printed name of registered age	or and tile if applicable (NOTE	Registered Agent signature requir	ed when reinstating) DATE	
12.	OF LICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	HOSHINO, KEITAI		1.2 NAME]
STREET ADDRESS	2410 BAY LEAF DR ORLANDO FL		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	UNLANDO FL	D on exc	1.4 CHY-ST-ZIP		
TITLE		☐ DEL e te	2.1 TITLE		Change Addition
NAME Chares Address			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP	***************************************	Change Addition
TITLE		ר וויירנות	5.1 TITLE 5.2 NAME		Change Changing)
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	ertify that the information supplied w	th this filing does not qualify fo	r 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 em 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: