PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018142

Country

9. Name and Address of Current Registered Agent

AIRSPORTS INTERNATIONAL, INC.

Principal Place of Business 11475 ROCKET BLVD. ORLANDO FL 32824-8514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

11475 ROCKET BLVD. ORLANDO FL 32824-8514

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90071 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Applied For

\$8.75-Additional

Fee Required

\$5.00 May Be

Added to Fees

™No

Not Applicable

03/10/1993 4. FEI Number

59-3170566

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

FRASER, NORMAN A. 1124 LINDSAY WAY P.O. BOX 450066				82 Street Address (P.O. Box Number is Not Acceptable)					
				Sueer					
KISSIMMEE FL 34745			04	Oin.				. 85 Zip C	`ode
			84	City			F		·ode
office or re	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of,	a. Such change was au	thorized by	the corpo	corporation submits this s pration's board of director	tatemen s. I heret	for the purpose on accept the app	of changing its ointment as reg	registered jistered
SIGNATURE							DATE		
				gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	PD OFFICERS AND DIREC	T DELETE	1.1 TITLE		P/T	IXITOES	TO OFFICERO	Change	Addition
			1.2 NAME		Norman A.	Frac	or	A D	_
NAME	FRASER, NORMAN A				1124 Linds			,	
STREET ADDRESS	1124 LINDSAY BRIVE WAY		1.3 STREET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	1.4 CITY-ST-ZIP		Kissimmee,	гь	34/44	☐ Change	☐ Addition
TITLE	VTD	Coccere							
NAME !	ROBERSON, MARK D		2 2 NAME						
STREET ADDRESS	1631 NEWCHAPEL DRIVE		2.3 STREET						
CITY-ST-ZIP	ORLANDO FL 32837	DELETE	2.4 CITY-ST-ZIP					☐ Change	Addition
TITLE	VSD	DECETE	3.1 TITLE						
NAME	COLEGROVE, MICHAEL J		3.2 NAME						
STREET ADDRESS	2963 OLD DIXIE HIGHWAY		3.3 STREET						
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CITY-S	T-ZIP				Change	C Addition
TITLE		☐ DELETE	4.1 TITLE					Change	Addition Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S1	r-ZIP					
TITLE	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	1				
CITY-ST-ZIP			5.4 CITY-ST	Γ-ZIP		· - · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST	r-ZIP					
14. I hereby o	certify that the information supplied with this fill	ng does not qualify for	the exempti	on stated	I in Section 119.07(3)(i), f	lorida S	tatutes. I further o	ertify that the in	ıformation

Country

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Daytime Phone #

CR2E034 (11/9