


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90044 011 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000076141

1. Corporation Name
AIRCONCIERGE, INC.



Principal Place of Business 2677 FOREST HILL BLVD SUITE 109 WEST PALM BEACH FL 33406 US	Mailing Address 2677 FOREST HILL BLVD SUITE 109 WEST PALM BEACH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/28/1993	4. FEI Number 65-0444006	Applied For <input type="checkbox"/> Not Applicable
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22	27			
City & State	City & State	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	28			
Zip Country	Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25			
		29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHEELER, WILLARD C JR 34 WEST INDIAN TOWN RD JUPITER FL 33458		Name: GABRIEL M. KONECSNEY CPA	
SALVATORE W. TOCCO JR 523 PHEASANT LANE N. JUPITER, FL. 33458		Street Address (P.O. Box Number is Not Acceptable): 400 INDIAN TOWN RD	
		Suite 311	
		City: Jupiter	
		State: FL	
		Zip Code: 33477	

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: *Salvatore W. Tocco Jr.* DATE: 5/10/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT BLEWS, MONTE R	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2111 ARCHWOOD CT	1.2 NAME	
STREET ADDRESS	OVIEDO FL	1.3 STREET ADDRESS	P.T. BLEWS MONTE 1913 AYASHINE PL. OVIEDO, FL. 32765
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VS TOCCO, SALVATORE N J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	523 PHEASANT LANE N	2.2 NAME	
STREET ADDRESS	JUPITER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other information empowered.

SIGNATURE: *Salvatore W. Tocco Jr.* DATE: 4/29/99 561-434-0081

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)