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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90029 035 \*\*\*150.00

DOCUMENT #	P93000088526
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1. Corporation Name

AIRCOMM, INC.

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Principal Place	e of Business	Mailing A	Address				,				
3101 SW 34 AVE 3101 S.W. 34 AVE											
905-411 905-411							DO NOT WRITE IN THIS COACE				
OCALA FL 34474 OCALA FL 34474							DO NOT WRITE IN THIS SPACE				1
US US							3. Date Incorporated or Qualifed				l
							12/29/1993		<del></del>	P. 15.	1
<ol><li>Principal P</li></ol>	lace of Business	2a. Mailin	ng Address				4. FEI Number		\ <del></del>	oplied For	-
21 26							65-0457059		<del></del>	ot Applicable	] .
Suite, Apt. #, etc. Suite, Apt. #,			, Apt. #, etc.	_ <del>_</del>			5. Certificate of Status Desired		7	Additional	
22		27	27					<del></del>	Fee.R	equired	.∤ <del>=</del> -
City & State	e	City 8	City & State				6. Election Campaign Financing		•	May Be	}
23		28					Trust Fund Contribution		Added	to Fees	1
Zip	Country	Zip		Cou	untry		8. This corporation owes the curre	ent year Inta			1
24	25	29	_	30			Personal Property Tax.		Yes	□No	[
	9. Name and Address of Cur	rent Registered	Agent		<u> </u>		10. Name and Address of New R	egistered A	Agent	<del></del>	-
					81	Name					ļ
	sky, david				82 3	Street Addre	ess (P.O. Box Number is Not Accepta	hlel		<del></del>	1
3440	) HOLLYWOOD BLVD.				02	Street Addre	35 (F.O. Box Manber is Not Accepte	5107			ļ
STE.	. 450				83						1
HOL	LYWOOD FL 33021										ļ
					84	City		FL	85 Zip	Code	ĺ
	0.7	0700 1 607 450	B. Florida Ctatute	na tha a	, bouca a	anmod como	pration submits this statement for the		changing its	registered	}
office of r	registered agent or both in the Sta	ate of Florida, Suc	on change was al	uunonzec	u ov me	e corporation	n's board of directors. I hereby accep	t the appoin	itment as re	egistered	
agent, l a	m familiar with, and accept the ob	ligations of, Section	on 607.0505, Flo	rida Stat	lutes.						ł
•											ſ
SIGNATURE	Signature, typed or printed name of registered	<del></del>	ble. (NOTE	: Registered		ignature required	when reinstating)	DATE			∫ ∤á
	OFFICERS	egent and title if applicat	ble. (NOTE	Registered	d Agent si	ignature required	when reinstating)  ADDITIONS/CHANGES TO OF				(80/1
SIGNATURE	PD	<del></del>	ble. (NOTE	13.	d Agent si	ignature required			D DIRECTO	DRS IN 12	(41/08)
SIGNATURE	OFFICERS PD MURPHY, PAUL	AND DIRECTOR	ble. (NOTE	Registered	d Agent si	ignature required					137 (41/08)
SIGNATURE 12.	PD	AND DIRECTOR	ble. (NOTE	13.	d Agent si						DE037 (41/08)
SIGNATURE  12.  TITLE  NAME	OFFICERS PD MURPHY, PAUL	AND DIRECTOR	ble. (NOTE	13. 1.1 T/ 1.2 N/ 1.3 S1	d Agent si	DORESS			☐ Change	Addition	PDE034 (41/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PD MURPHY, PAUL 3101 SW 34TH AVE #905-4	AND DIRECTOR	ble. (NOTE	13. 1.1 T/ 1.2 N/ 1.3 S1	d Agent si TILE IAME TREET AD	DORESS					CD2E034 (41/08)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD MURPHY, PAUL 3101 SW 34TH AVE #905-4	AND DIRECTOR	DELETE  DELETE  DELETE	13. 1.1 T/ 12 N/ 1.3 ST 1.4 CI 2.1 T/ 2.2 N/ 2.3 ST 2.4 C 3.1 T/ 3.2 N/ 3.3 ST 3.4 C 4.1 T/ 4.2 N/ 4.3 ST 4.4 CI 5.1 T/ 5.2 N/	TILE  IMME  TREET AL  CITY-ST-Z  TILE  IMME  TREET AL  CITY-ST-Z  TILE  IMME  TREET AL  CITY-ST-Z  TILE  VAME  TREET AL  TREET	DORESS ZIP DORESS ZIP DORESS ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition	(11/08)
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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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE/

STREET ADDRESS

CITY-ST-ZIP