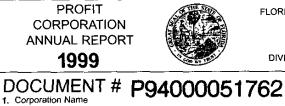
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90043 024 \*\*\*150.00

ADVANCED AIR MID-AMERICA, INC.	
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							. 1111 111 111	
Principal Place	e of Business	Mailing Address	-			)	# 111 E 17 E7 1 E E1	
6461 GARDEN I	RD	6461 GARDEN RD			·			
#102		#102						
RIVIERA BEACH FL 33404 RIVIERA BEACH		RIVIERA BEACH FL 33404	EACH FL 33404			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 07/08/1994			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ap	plied For	l
21		26			65-0503044	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	l
22		27			5. Certifcate of Status Desired	Fee Re	quired	1
City & State	e	City & State			6. Election Campaign Financing	\$5.00,	May Be	ł
23		28			Trust Fund Contribution	. Added t	to Fees	Į
Zip	Country	Zip	Cor	intry	8. This corporation owes the current year I		F71	
24	25	29	30	<del></del>	Personal Property Tax.	Xes	□No	1
	9. Name and Address of Current	t Registered Agent		04	10. Name and Address of New Registered	i Agent		1
ecn.	NEIDER, JOHN C ESQ.			81 Name				١
	FLAGLER CTR			82 Street A	Address (P.O. Box Number is Not Acceptable)			l
	S. FLAGLER DR.							ļ
	T PALM BEACH FL 33401			83	a flattita kan in the area	<b>高品物</b>		l
MES	FALM BEACH FL 33401			84 City		85 Zip (		ĺ
	·				F	<u> </u>		}
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the submits of the purpose o	of changing its pintment as reg	registered gistered	
SIGNATURE					•			{
SIGNATORE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTI	Registered	Agent signature re	equired when reinstating) DATE			1 6
12.	OFFICERS AN		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A			\ <del>{</del>
TITLE	D	☐ DELETE	1.1 TI	TLE )		Change	☐ Addition	1 2
NAME	BELL, STEVEN		1.2 N	AME				3
STREET ADDRESS	2278 TEACH RD		1.3 S	TREET ADDRESS				Į į
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 C	TY-ST-ZIP			- A	į
TITLE		☐ DELETE	2.1 Π	TLE		Change	Addition	
NAME			2.2 N	AME				
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STREET ADDRESS			3.3 S	TREET ADORESS		•		]
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NAME			4,21	AME		.,		1
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TITLE		☐ DELETE	5.1 TI	1		Change	Addition	
NAME			5.2 N	1				ĺ
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP			<del></del>	-
TITLE		☐ DELETE	6.1 Ti			Change	Addition	
NAME	•		6.2 N		•			
STREET ADDRESS			6.3 S	TREET ADDRESS	,			
CITY OT 710			6.4 C	TY-ST-ZIP				ĺ

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: