PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072624

1. Corporation Name

AIRSPARES NETWORK, INC.

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Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90185 016 ***150 00

DII DD



Principal Place	e of Business	Mailing Address				·					
1191 E NEWPO	RT CENTER DR	1191 E NEWPORT CENTER DI	R								
STE 211		STE 211				DO NOT WRITE IN THIS CRACE					
DEERFIELD BCI	H FL 33442	DEERFIELD BCH FL 33442				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US		US				ate Incorporate 0/04/1994	ed or Qualifed				
2 Principal Pl	lace of Business	2a. Mailing Address				El Number			. A	pplied For	
	W. ATLANTIC BLVD				DR. 6	5-0535440			N	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.							\$8.75	Additional	
UNIT. 33.35		27/12			5. C	ertificate of Sta	tus Desired	Ц	Fee R	equired	
City & State		City & State			6 F	lection Campa	ion Financino		\$5.00	May Be	
POMPANO BEACH, FL		28 DEERFIELD BEACH, FL				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country		8. T	his corporation	owes the curre	ent year Int	angible		
3306	9. 25	29 33442 30			I	ersonal Proper			Yes	□No	
· ·	9. Name and Address of Current		<u> </u>		10. N	lame and Add	ress of New R	egistered	Agent		
			81	Name							
MCF	'Liker, Henry		20 00			ress (P.O. Box Number is Not Acceptable)					
1862	20 LONG LAKE DRIVE		82 Street Add			. Box Number	IS NOT Accepta	pie)			
BOC	A RATON FL 33496		83	<u> </u>			. P				
			84	City				FI	85 Zip	Code	
				L		Lucia di la sa			ebanajaa it	s societored	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	onzed by	the corpo	corporation s oration's boar	rd of directors.	thereby accep	t the appoi	ntment as r	egistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutés	· ·							
SIGNATURE						(1)		DATE		75 t 164	
SIGNATURE	Signature, typed or conted name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	nt signature r	required when reins	stating)		A TOMIE		2 13 1 1119 1	
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Ager	nt signature r	required when reins		NGES TO OF				
12.	Signature, typed or printed name of registered agent OFFICERS AND			nt signature r	AB					ORS IN 12	
12. TITLE	OFFICERS AND	DIRECTORS	13.	nt signature r	D/P	DITIONS/CHA	NGES TO OF		ND DIRECT	ORS IN 12	
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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 reports 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 trace, 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: