

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 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90185 016 \*\*\*150.00

DOCUMENT # P94000072624

1. Corporation Name  
**AIRSPARES NETWORK, INC.**

Principal Place of Business  
1191 E NEWPORT CENTER DR  
STE 211  
DEERFIELD BCH FL 33442  
US

Mailing Address  
1191 E NEWPORT CENTER DR  
STE 211  
DEERFIELD BCH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/04/1994**

4. FEI Number  
**65-0535440**

Applied For  
Not Applicable

2. Principal Place of Business  
**3333 W. ATLANTIC BLVD.**

2a. Mailing Address  
**1166 W. NEWPORT CENTER DR.**

Suite, Apt. # etc.  
**UNIT 33/35**

Suite, Apt. #, etc.  
**112**

City & State  
**POMPANO BEACH, FL**

City & State  
**DEERFIELD BEACH, FL**

Zip Country  
**33069**

Zip Country  
**33442**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCFLIKER, HENRY**  
**18620 LONG LAKE DRIVE**  
**BOCA RATON FL 33496**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS  
TITLE **D/P** ☒ DELETE  
NAME **MCFLIKER, HENRY**  
STREET ADDRESS **18620 LONG LAKE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D/P** ☒ Change ☐ Addition  
1.2 NAME **MCFLIKER, HENRY**  
1.3 STREET ADDRESS **19256 REDBERRY COURT**  
1.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 02-16-99 (954) 428-8368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)