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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087842 (8)

1. Corporation Name
GAIR MANAGEMENT AND SERVICES CORP.

Principal Place of Business
[redacted]
BOCA RATON FL 33496

Mailing Address
5359 ASCOT BEND
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1994

2. Principal Place of Business
21

2a. Mailing Address
26 245 LEGENDARY CIRCLE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 PALM BEACH GARDENS, FLA

Zip
24

Country
25

Zip
29 33418

Country
30 Palm Beach County

4. FEI Number
65-0540166
☐ Applied For
☐ Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAIR, HARRY
5359 ASCOT BEND
BOCA RATON FL 33496

Harry L. & Sally Gair
245 Legendary Circle
Palm Beach Gardens, FL 33418

10. Name and Address of New Registered Agent

81 Name: HARRY GAIR
82 Street Address (P.O. Box Number is Not Acceptable): 245 LEGENDARY CIRCLE
83
84 City: PALM BEACH GARDENS - FL 85 Zip Code: 33418

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: Sally Gair SALLY GAIR - DIRECTOR HARRY GAIR - DIR. 1/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GAIR, HARRY	1.2 NAME	HARRY GAIR
STREET ADDRESS	5359 ASCOT BEND	1.3 STREET ADDRESS	245 LEGENDARY CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418
	Harry L. & Sally Gair 245 Legendary Circle Palm Beach Gardens, FL 33418		
TITLE	D	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GAIR, SALLY	2.2 NAME	SALLY GAIR
STREET ADDRESS	5359 ASCOT BEND	2.3 STREET ADDRESS	245 LEGENDARY CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418
	Harry L. & Sally Gair 245 Legendary Circle Palm Beach Gardens, FL 33418		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Sally Gair HARRY GAIR SALLY GAIR 1/21/98 561-996-9913