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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087842

1. Corporation Name

GAIR MANAGEMENT AND SERVICES CORP.

Principal Place of Business
245 LEGENDARY CIR
PALM BEACH GARDENS FL 33418
US

Mailing Address
245 LEGENDARY CIR
PALM BEACH GARDENS FL 33418
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1434 DEVONSHIRE WAY

2a. Mailing Address

26 1434 DEVONSHIRE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BEACH GARDENS, FLA

City & State

28 PALM BEACH GARDENS, FLA

Zip

24 33418

Country

25 USA

Zip

29 33418

Country

30 USA

9. Name and Address of Current Registered Agent

GAIR, HARRY
245 LEGENDARY CIR
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name GAIR, HARRY

82 Street Address (P.O. Box Number is Not Acceptable)

1434 DEVONSHIRE WAY

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, Dir.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GAIR, HARRY
STREET ADDRESS 245 LEGENDARY CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ DELETE
NAME GAIR, SALLY
STREET ADDRESS 245 LEGENDARY CIR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME GAIR, HARRY
1.3 STREET ADDRESS 1434 DEVONSHIRE WAY
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FLA 33418

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME GAIR, SALLY
2.3 STREET ADDRESS 1434 DEVONSHIRE WAY
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FLA 33418

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: Sally Gair, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

1-561-7767044

CR2E034 (11/98)