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

DOCUMENT # P9500000313

1. Corporation Name

OLIVER AIR INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90035 002 ***158.75



Principal Place of Business Mailing Address						(1981) BY 110 10101 BIST BIST BIST	tii 82111 88111	02111 00102 11		
6753 NIGHTWIND CIRCLE P.O. BOX 858 ORLANDO FL 32818 CLARCONA FL 32710						DO NOT WRI	TE IN THIS	S SPACE		
						Date Incorporated or Qualifed 12/30/1994				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	·		Applied	For
21		26				59-33127 <u>33</u>			Not App	licable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	M		5 Addition	
City & State	e	City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year In		- 7	
24	25	29	30			Personal Property Tax.		Yes	□N	2
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New I	Registered	Agent		{
0.00	TO DANKIE			81	Name					
6753	ER, DANNIE B NIGHTWIND CIRCLE					ress (P.O. Box Number is Not Accept	able)			
ORL	ANDO FL 32818			83						Í
				84	City		Fl	85 Z	ip Code	
l office.orr	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli	te of Florida. Such change was	authorized	i bv	the corporation	poration submits this statement for the on's board of directors. I hereby acce	nurnose o	f changing	its regis register	tered
SIGNATURE							DATE			_
	Signature, typed or printed name of registered a	<u> </u>		Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OF		ND DIREC	TOPS I	N 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	Chang		Addition
TITLE	PV DANNIE	- Detere							,	` \
NAME	OLIVER, DANNIE		1.2 N							ĺ
STREET ADDRESS	6753 NIGHTWIND CIR.				ADDRESS					
CITY-ST-ZIP			<u> </u>	T-ZiP			Chang	ge 🗆	Addition	
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NAME	OLIVER, BETTY		2.2 N							
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NAME					T ADDRESS					
STREET ADDRESS				mee)

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.