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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000011670 (3)

AEIRE, INC.

1. Corporation Name



Principal Place o	f Business	Mailing Address						
B341 NW 80 P		****	8341 NW 80 PL TAMARAC FL 33321					
TAMARAC FL	33321	TAMARAO TE GOGET			3. Date incorporated or Qualified	3a. Date o	f Last Re	eport
					02/10/1995			
2. Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number		_	Applied For
236	7 UNIVERSITY DR	26	_		6 FOFF2241			Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2		27						
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 7		May Be d to Fees	
3 COK/1	AL SPIRINGS FL	28	Cour	to:	8. This corporation has liability for in	ntangible tax		
¬ ^{Zip} ママハ	Country	Zip	30	,	Florida Statutes Yes	□ No		
4 530	9. Name and Address of Current		1001		10. Name and Address of New Ro	egistered A	gent	
	g. Hallo allo Abbito			81 Name				
OHOUG	LIN INCEPH		-	82 Street Addr	ress (P.O. Box Number is Not Acceptable	le)		
O'LOUGHLIN, JOSEPH 8341 NW 80 PL			ļ	OF SHEEL WORL	Jess (.o. Box Hamber to record base)			
	C FL 33321		Ţ	83				
i Linking Vi				84 City			85 Z	p Code
				· '		FL		
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the above	ve-named corpor ornoration's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose oi char pintment as i	registered	agent. Lam
	ed agent, or both, in the State of Florida h, and accept the obligations of, Section			OI POI BIIO I 10 DOG	,,,		_	
CONTACTOR		•						
SIGNATURE								
	Signature, typed or printed name of registered agent a			Agent signature require	ad when reinstating)	DATE ICERS AND	DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ad when reinstating! ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12 Addition
	OFFICERS AND PSTD		13.	TLE	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		DRS IN 12 Addition
12. TITLE NAME	OFFICERS AND PSTD O'LOUGHLIN, JOSEPH	DIRECTORS	13. 1.1 TO 1.2 N/	TLE ME	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		ORS IN 12
12. TITLE NAME STREET ADDRESS	PSTD O'LOUGHLIN, JOSEPH 8341 NW 80 PL	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE ME REET ADORESS	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND PSTD O'LOUGHLIN, JOSEPH	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE ME REET ADDRESS TY - ST - ZIP	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		DRS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	PSTD O'LOUGHLIN, JOSEPH 8341 NW 80 PL	DIRECTORS	13. 1.1 TU 12 N/ 1.3 ST 1.4 CU	TLE ME REET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD O'LOUGHLIN, JOSEPH 8341 NW 80 PL	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 T	TLE ME REET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD O'LOUGHLIN, JOSEPH 8341 NW 80 PL	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 22 N/ 23 SI	TLE ME REET ADORESS TY-ST-ZIP TLE MME REET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND] Change	Addition
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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 against the same and that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same and 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOURT ON LOUIS CONTROL OF DISCOURT Proces