**FILED** 

Feb 20, 1999 8:00 am Secretary of State

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## 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 # P95000059883

1. Corporation	IA AIR SYSTEMS, INC.									
Principal Place of Business Mailing Address								ENN EÚN OBIÐI O		
1 '	APULCO DRIVE	2706 WEST ACAPULCO DRIVE MIRAMAR FL 33023				DO NOT WRITE IN THIS SPACE				
						•	3. Date Incorporated or Qualifed 08/02/1995	i		
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number 4			peried For	
21 26							65-0602153			ot Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27							5. Certifcate of Status Desired			Additional equired
City & Stat	City & State City & State						6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	Country Zip Cou						This corporation owes the current year In     Personal Property Tax.			□No
9. Name and Address of Current Registered Agent						1	10. Name and Address of New	Registered A	gent	
KLEIN, MITCHELL D					Name				. *	
1120 EAST HALLANDALE BEACH BLVD.				82	Street A	Address	(P.O. Box Number is Not Accept	able)		
HALLANDALE FL 33009				83						
i $DI$				84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Section 607.0592 and 607.1598, 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 appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with and accept the appointment of the purpose of changing its registered agent. I am familiar with an accept the appointment of the purpose of changing its registered agent. I am familiar with an accept the appointment of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of the purpose of changing its registered agent. I am familiar with a company of the purpose of the pu									s registered egistered	
SIGNATURE	Signature, typed or printed home oblegistered agent	and title if applicable. (NOTE: F	Registered A	geni	t signature re	quired whe	en reinstating)	DATE	· //.	
12. OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	SANTANA, LUIS 1.		1.2 NAM	1.2 NAME						
STREET ADDRESS	2706 WEST ACAPULCO DRVE		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY-ST-ZIP							
TITLE	D DELETE		2.1 TITL	2.1 TITLE					Change	☐ Addition
NAME	TILLMAN, JAMES MICHAEL		2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33024			2.4 CITY-ST-ZIP					<u> </u>	
TITLE	☐ DELETE			3.1 TITLE					Change	☐ Addition
NAME				3.2 NAME			-			
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	3.4. CITY	_	r-ziP	· · · · ·			Change	Addition
NAME		□ pereie	4.1 TITLE		İ					
]			4. 2 NAM		ADDDESS					
			4.4 CITY		ADDRESS					ļ
WILL STATE			7.7 0111	· 01	-417					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fifing doe indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trastege Block 12 or Block 13 if changed, or op an attackment with an annual report. os not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Change

Change

Addition

Addition