PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name AIR HOUSE, INC.



DOCUMENT # P96000012848

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90019 030 ***150.00

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Principal Place of Business Mailing Address						#	i Marti Affir aant ganat	1010 13501 3541	01901 517 691	
9706 PLEASANT RUN WAY TAMPA FL 33647 9706 PLEASANT RUN WAY TAMPA FL 33647						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or C 02/09/1996	ualifed		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	*	Ap	plied For
21		26				59-3387483		No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28						5. Certifcate of Status Desired S8.75 Additional Fee Required				
			City & State				6. Election Campaign Financing — \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	29	Zip 3	Country 38			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of (10. Name and Address of New Registered Agent			
				8	1 1	Name	<u> </u>			
ARO	DAK, MIKE			8:	٠,	Street Address (P.O. Box Number is Not Acceptable)				
9706 PLEASANT RUN WAY TAMPA FL 33647				8.	4 3	Street Address (F.O. Box Number is Not Acceptable)				
				8:	3					
				L						2 1
				8-	4 (City		FL	85 Zip (Code
office or re	to the provisions of Sections 66 agistered agent, or both, in the m familiar with, and accept the	State of Florid	la. Such change was auti	horized b	iv the	named corpor e corporation	ration submits this statement is board of directors. I hereb	for the purpose of y accept the appoil	changing its ntment as re	registered gistered
OIONATORE	Signature, typed or printed name of regist				jent się	gnature required v		DATE	D DIDECTO	DO (N. 40
12.	OFFICERS AND DIRECTORS			13.				Change	RS IN 12	
TITLE	P		☐ DELETE	1.1 TITLE					Change	
NAME	ARODAK, MONICA			1.2 NAME						
STREET ADDRESS	1			1.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	TAMPA FL 33647			1.4 CITY-ST-ZIP		IP III				☐ Addition
TITLE	VDVP		DELETE	2.1 TITLE					Change	
NAME	ARODAK, MIKE			2.2 NAME	E					
STREET ADORESS	9706 PLEASANT RUN W	AY		2.3 STRE	ETAD	DORESS				
CftY-ST-ZIP	TAMPA FL 33647			2.4 CITY		ZIP	<u> </u>			
TITLE			DELETE	3 1 TITLE		}			Change	☐ Addition
NAME				32 NAME	E					

3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.3 STREET ADDRESS

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 of 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, by on an attachment with an address with all other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

TOWN NTED NAME OF SIGNING OFFICER OR DIRECTOR

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