## Feb 25, 1999 8:00 am Secretary of State

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



**Katherine Harris** Secretary of State DIVISION OF CORDORATIONS

FLORIDA DEPARTMENT OF STATE

1999 DIVISION OF CORPORATIONS					02-25-1999 90056 0.	33 ***150.00
DOCUMENT # P9600054690  1. Corporation Name  DECEMBER AIR, INC.					1 1881 1881 119 1811 8 8111 8 8111 8 8111 8 8 8	H 8000 8000 1880 1880
Principal Place of Business Mailing Address						
5813 KILLARNEY AVENUE 5813 KILLARNEY AVENUE						
FORT PIERCE FL 34951 FORT PIERCE FL 34951					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed 06/26/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21					65-0677474	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
22 27					o. Controlle of Clarks Bookes	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 - 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zìp	Country	'	8. This corporation owes the current year In	ntangible □Yes □No
24					Personal Property Tax.  10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent					IV. Haille and Address of New Registered	2 ABeur
AME	RILAWYER CHARTERED					
343 ALMERIA AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134				-		
			83			
			84		F	
office or ti	egistered agent, or both, in the State	of Florida. Such change was auth-	orizea by	the corporation	poration submits this statement for the purpose con's board of directors. I hereby accept the appropriate the statement for the purpose con's board of directors.	of changing its registered pintment as registered
agent. I at SIGNATURE	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes	<b>.</b> .		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
12.		ID DIRECTORS	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	- <u> </u>		1.1 IIILE			
NAME	•	Brico, M. Boric				
STREET ADDRESS	OU TO THE BUTTER TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOT			TADORESS		
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	II-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE			2.2 NAME		<b></b>	
NAME	5/100, 1051			TADDRESS		
STREET ADDRESS				ST-ZIP		·
CITY-ST-ZIP			3.1 TITLE	V1-231		☐ Change ☐ Addition
NAME	ZIMMER, WALTER G 321					
STREET ADDRESS	5813 KILLARNEY AVENUE			TADDRESS		
			3.4 CITY-5	ST-ZIP		
TITLE	TREASURER DELETE 4.1T					☐ Change ☐ Addition
NAME	SNYDER , JAMES E	_	4 2 NAME			
DANI COCIUDA AVENUE			4.3 STREE	TADDRESS		ľ
1			4.4 CITY-5	ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			*
STREET ADDRESS	1		5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
1 1111			82 NAME	i		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

561-466-6A1b