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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

(813) 726-8111

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068172 (1)

AIRD, INC.

Principal Place of Business Mailing Address							III BRIII 1810 VI	PBO 10101 11011 1	0910 1191 1001	
2949 MAYFAIR COURT	29	2949 MAYFAIR COURT								
CLEARWATER FL 34621		CLEARWATER FL 34621					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifi		SPACE	
							08/15/1996	60		
2. Principal Place of Business	20	Mailing Address				<u>. </u>	4. FEI Number			Applied For
21	26	Walling / Coross					59-3401546			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.								Additional
22	27	·					5. Certificate of Status Desired		Fee F	Required
City & State		City & State					6. Election Campaign Financin	9	\$5.0	May Be
23	28						Trust Fund Contribution		Added	1 to Fees
Zip Country		Zip		Country	/		8. This corporation owes or ha			
24 25	29		30				Personal Property Tax due			¥ No
g, Name and Address of Curre	ant Registe	ered Agent		81	1 14-		10. Name and Address of Nev	Hegistered	Agent	
BURGESS, DONALD A.				ы	Na	me				
2949 MAYFAIR CT				82	Str	eet Addr	ress (P.O. Box Number is Not Acce	ptable)		
CLEARWATER FL 34621				83	<u> </u>					<u>.</u>
				63						
		^		84	Cit	у		FL	85 Zip	Code
44 Pursuant to the provinces of Sections 607.05	03 and 60	17 15/9 Florida Stat	tutor th	he show	-nar	ned corr	poration submits this statement for	he ournose i	of changing	its registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obit	to of Forid	a such change was	is autho	orized by	y the	corporat	tion's board of directors. I hereby a	ccept the ap	pointment a	s registered
	foations of∠	ASACTION 607 0505 F	Florida	i Statule:	•			/ //	. <i>P</i>	n u
agent. I am familion wint, and accept the obit	7	9000000	4	Oldiolo	J.			/6/9		
SIGNATURE		hugan						DATE	8	
SIGNATURE landere, typed or printed name of registrated ag	igent avolitic if	fapplicable (No	OTE: Reg				red when reinstating) ADDITIONS/CHANGES TO C	DATE	.	H
SIGNATURE of printed name of registrated as	igent avolitic if	fapplicable (No	NOTE: Reg	gistered Age			red when reinstating)	DATE	.	DRS IN 12
SIGNATURE Source, typed or printed name of regationed as 12. OFFICERS AN	igent avolitic if	fapplicable (NO	VOTE: Reg	gistered Age			red when reinstating)	DATE	ID DIRECTO	DRS IN 12
SIGNATURE 10 PAID or printed name of registrated as 12. OFFICERS AN TITLE PSTD	igent avolitic if	fapplicable (NO	NOTE: Reg	gistered Age 13. 1.1 TITLE	ent sign	ature requi	red when reinstating)	DATE	ID DIRECTO	DRS IN 12
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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 occurate 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 adoption.