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

Mailing Address

4360 PETERS ROAD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080184

1. Corporat on Name

Principal Place of Business

4360 PETERS ROAD

SOUTHEAST AIR SYSTEMS, INC.

FORT LAUDER	DALE FL 33317	FORT LAUDERDALE FL 33317								
					DO NOT WRITE IN THIS SPACE					
						3. Date in corporated or Qualife	1			
						09/25/1996				
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				65-0696418		N	ot Applicable	
Suite, Art.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$ \$8.75 Acditional				
22		27	27			a. Certificate of Status Desired			Fee Required	
City & Sta	te	City & State	City & State			6. Electior Campaign Financing \$5.00 Nay Be				
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Cou	ntry		8. This co poration owes the cu	rent year l	ntangible	/	
24	25	29	30			Personal Property Tax.		☐ Yes	. No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
		<del></del>		81	Name					
VENIS, HARRY CPA 2455 EAST SUNRISE BLVD. PENTHOUSE NORTH FORT LAUDERDALE FL 33304										
				82	Street Ad in	ess (P.O. Box Number is Not Accep	table)			
				83						
				.		<u>, , , , , , , , , , , , , , , , , , , </u>				
				84	City		F	85 Zip	Code	
		1007 1500 51 11 01	. 41	Ш		aution aution this statement for th	-		e rogistered	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Florida State ate o. Florida, Such change was	uies, the ai	bove by 1	-named corporation	oration submits this statement for th on's board of directors. I hereby acc	ept the app	ointment as r	egistered	
agent. I a	am familiar with, and accept the ob	igations of, Section 607.0505, F	lcrida Stati	ıtes.		•				
SIGNATURE										
	Signature, typed or printed nar ie of registered	<del></del>	_ <u> </u>	Agent	signature required	when reinstating)	DATE	NO DIDENT	OF C IN 12	
12.		ANE DIRECTORS	13.		اخ ا	ADDITIC NS/CHANGES TO O	FFICERS /	Change		
TITLE	D	DELETE	1 <b>1 T</b> FT		12	esiDenit		<b>™</b> Change	Addition	
NAME	VENIS, HARRY		1 2 NA			SHU M. DISEN				
STREET ADDRESS 2455 E SUNRISE BLVD, PENTHOUSE NORTH			. 13 ST	12 NAME JOHN M. OISEN 13 STREET ADDRESS 4334 L PETERS IZO 14 CITY-ST-ZIP FT-LANDER CHALLE, FT 23317						
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			TY-ST	-ZIP T	- LAUDE-dule if	7_2	33[	Ĺ_ <u></u>	
TITLE		☐ DELETE	2.1 TIT	LE		•		☐ Change	Addition	
NAME			2.2 NA	ME						
OTDEET ADDRESS	1		23 ST	REET	ADDRESS					

2. 4 CITY-ST-ZIP

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

34 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

DELETE

☐ DELETE

6.4 CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRE 3S

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90207 043 \*\*\*158.75

CR2E034 (11/98)

Addition

☐ Addition

Addition

☐ Addition

Change

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