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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004162

1. Corporation Name

CAPITAL AIR SERVICES, INC.

Principal Place of Business	Mailing Address
1250 EAST HALLANDALE BEACH BOULEVARD SUITE 300	1250 EAST HALLANDALE BEACH BOULEVARD SUITE 300
HALLANDALE EL 33009	HALLANDALE FL 33009

FILED Mar 10, 1999 8:00 am Secretary of State

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Principal Place	of Business	Ma	iling Address					98111 98111 PEILI		
1250 EAST HALI	LANDALE BEACH BOULEVARD	125	O EAST HALLANDALE E	BEACH BO	OULE	EVARD				
SUITE 300			TE 300							
HALLANDALE FL 33009 HALLANDALE FL 33009						WRITE IN T	HIS SPACE			
							3. Date Incorporated or Qu 01/15/1997	alifed		
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		App	lied For
21		26					65-0726434 _		Not	Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Des	red 🗆	\$8.75 A	dditional
22		27					5, Certificate of Status Des		Fee Rec	quired
City & State			City & State				6. Election Campaign Fina	ncing	\$5.00	May Be
23		28	_				Trust Fund Contribution		Added to	Fees
Zip	Country		Zip	Cou	ıntry		8. This corporation owes the	ne current yea		_
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Regist	lered Agent			,	10. Name and Address of	New Register	ed Agent	
					81	Name				- \
	ONAL CORPORATE RESEARCH	I, LTD.,	INC.		82	Street A	ddress (P.O. Box Number is Not A	ccentable)		
1406	HAYS STREET				52	Street	daless (1 .O. Box (10)) bo (10)	.0000		
SUIT	E #2				83				<u> </u>	
TALL	AHASSEE FL 32301							<u>.</u>	10-1-7:-0	
					84	City			85 Zip C	ode
11 Pursuant t	to the provisions of Sections 607.05	02 and 60	07.1508. Florida Statut	es, the a	bove.	e-named c	orporation submits this statement	or the purpos	e of changing its	registered
office or re	agistorem agent, or both /in the State	of Florid	a. Such change was a	uthonzec	าหา	the comor	ation's board of directors. I hereby	accept the ap	pointment as reg	istered
Office of re			C++# COZ ČECE Ele			me corpor				!
agent. I ar	n familiar with, and a cept the oblig	ations of,	Section 607.0505, Flo	rida Stati	utes				3/2/-9	4
agent. I ar	n familiar with, and accept the obligi	ations of,	Section 607.0505, Fig.	rida Stati	utes.	•		DATE	3/2/9	9_
agent. I ar	m familiae with, and accept the obliging the obligation of the obliging the obligin	ent and title	Section 607.0505, Flo f applicable. (NOTE	rida Stati Registered	utes.	•	quired when reinstating)	DATE	3/2/9	9
agent. I ar SIGNATURE 12.	n familiae with, and accept the oblig-	ent and title	Section 607.0505, Flo f applicable. (NOTE	rida Stati	utes.	•		DATE	3/2/9	9
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14. 1 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. CITY-ST-ZIP

SIGNATURE: