FILED

Feb 22, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700005016

1. Corporation Name

(UE DEL	LEAIR GARAGE INC.									8	
Principal Place	of Business	Mailing Addre	ess				F 100{100}	8 8 8 		#4#1 #4014 ##0## 1	
1351 SOUTH FORT HARRISON 1351 SOUTH			SOUTH FORT HARRISON WATER FL 33756				ルルがこれが アキュアデア DO NOT WRITE IN THIS SPACE				
							3. Date Incorpo 01/13/199	orated or Qualifed	ı		
2 Principal P	ace of Business	2a. Mailing Ad	ddress				4. FEI Number			Apr	plied For
21		26					59-34176				Applicable
Suite, Apt.	#. etc.	Suite, Apt	. #, etc.							\$8.75 A	dditional
22		27					Certificate of	Status Desired		Fee Red	quired
City & State		City & Sta	ite	_			6. Election Car	npaign Financing		\$5.00	Mav Be
23		28					Trust Fund (Added to	•
Zip	Country	Zip		Countr	у		8. This corpora	tion owes the cui	rrent year Inta	angible	
24	25	29		30			Personal Pro	operty Tax.	•	Yes	□No
	9. Name and Address of Curren		nt				0. Name and	Address of New	Registered /	Agent	
				8	1 Name						
	ali, hope G esquire South Myrtle Avenue, suit	F 105		8:	2 Street	Address	(P.O. Box Num	ber is Not Accept	table)		
	ARWATER FL 34616	2 700		8:	3						
				8-	4 City				FL	85 Zip C	ode
	to the provisions of Sections 607.0502	1007.4500.5					41 4b-i	atatament for the		changing its	rogistered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligated signature, typed or printed name of registered agent	of Florida. Such ch lions of, Section 60	iange was ai 07.0505, Floi	uthorized by	y the corpo	oration's	board of directo	ors. I hereby acce	ept the appoin	itment as reg	jistered
12.	OFFICERS AN		(NOTE	13.	ent signature i	required wit		CHANGES TO OI		D DIRECTO	RS IN 12
TITLE	PD OF HOLING AIR) DELETE	1,1 TITLE			ADDITIONOR	311111020 10 01	1102110701	Change	Addition
NAME	KING, JAMES R	-	,	1.2 NAME			v				
STREET ADDRESS	1298 KENNYWOOD DRIVE				ET ADORESS	-3/	na Harba	or View L	are		
	LARGO FL 33770-4212			1.4 CITY-		ا کرا	COSE	6 33771	1-421) ,	
CITY-ST-ZIP TITLE	STD	Г	DELETE	2.1 TITLE	31-ZIP	Lui	go	or View L 6 33770	<u>, ,,,,,</u>	Change	☐ Addition
	KING, KAREN E	_	, 522272	2.2 NAME							
NAME	1298 KENNYWOOD DRIVE				ET ADDRESS	309	Harb	orview L	ane		
STREET ADDRESS	LARGO FL 33770-4212					1					
CITY-ST-ZIP	LANGO FL 33770-4212		DELETE	2.4 CITY- 3.1 TITLE	·51·ZIP	100	70, 70	33770	- MAC	Change	☐ Addition
TITLE			, Deceile	3.2 NAME			1	- , -			
NAME				1		.}					
STREET ADDRESS					ET ADDRESS	1					
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TITLE			JOLLETE								
NAME				4. 2 NAMI							
STREET ADDRESS					ET ADDRESS						İ
CITY-ST-ZIP] DELETE	5.1 TITLE		+-				Change	Addition
TITLE		_) DELETE	5.1 HILE 5.2 NAME				•		S.idingo	
NAME				l i	ET ADDRESS			•			
STREET ADDRESS				5.4 CITY-							
CITY-ST-ZIP			DELETE	6.1 TITLE		1				☐ Change	Addition
TITLE		<u> </u>	1 DCFC1C	J.,		!				☐ \$11011âc	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS