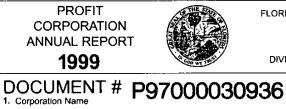
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

AIR MANAGEMENT, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90155 048 ***150.00

Principal Place	e of Business	Mailing Address			10011001 110 10111 10011 10111	1171 00/11 110/00		
948 SW WOO		1948 SW WOODSIDE PLACE						
PAM CIT FL 34990 PAM CIT F		PAM CIT FL 34990			DO NOT WRI	ITE IN THIS	SPACE	
	•				3. Date Incorporated or Qualifed			
					04/04/1997			
2. Principal P	face of Business	2a. Mailing Address			4. FELNumber -		,Ap	plied For
1		26			65-0743130		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired		\$8.75 A	
2		27					Fee Re	•
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	•
3 (7 in	Country	Zip	Country	,	Trust Fund Contribution		Added to	5 rees
Zip	25	— · —	30	,	This corporation owes the curr Personal Property Tax.	rent year inta		□No
4	9. Name and Address of Current	. 17 1	301		10. Name and Address of New I	Registered /		
	Trains and managed of Carrette		81	Name	-			
HOU	iseholder, virgil				(0.0.0	-1-1-3		
1948	S SW WOODSIDE PLACE		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
PAM	CIT FL 34990		83				· · · · · · · · · · · · · · · · · · ·	
			_				Teel 7:- (<u></u>
			84	City		FL	85 Zip C	,ode
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
IAME.	HOUSEHOLDER, VIRGIL							
STREET ADDRESS	7020 PENNY ROAD		1.2 NAME					
CITY-ST-ZIP				T ADDRESS				
	RALEIGH NC 27606							
MLE	RALEIGH NC 27606 D	☐ DELETE	1.3 STREE				Change	☐ Addition
		☐ DELETE	1.3 STREE 1.4 C/TY+S				Change	Addition
mle :	D HOUSEHOLDER, SHARON 7020 PENNY ROAD	☐ DELETE	1.3 STREE 1.4 City-S 2.1 TITLE 2.2 NAME				☐ Change	Addition
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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

STREET ADDRESS