COF ANNL	PROFIT RPORATION JAL REPORT 1998		ORIDA DEPA Sandra I Secreta DIVISION OF	B. Morth ary of Stat	i a m	Mar 20 1998 8:00a Secretary of Stat
1. Corporation AIR SM Principal Place	e of Business					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/30/1997
<u> </u>	ace of Business	28. Mailing	Address			4. FEI Number Applied For
Sulte, Apt.	#, etc.	26 Suite, A	Apt. #, etc.			59-3460910 Not Applice 5. Certificate of Status Desired \$8.75 Additiona
2 City & State	e	27 City & S	State			6. Election Campaign Financing \$5.00 May Be
3 Zip	Country	28 Zip		Cou	intry	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
4	25 9. Name and Address of C	29 Current Begistered Au	nent	30		Personal Property Tax due June 30. Yes WNo 10. Name and Address of New Registered Agent
LUI						
	0 Anvers blvd south Cksonville fl 32210				82 Street Add	iress (P.O. Box Number is Not Acceptable)
JAC	CK\$ONVILLE FL 32210				83 84 City	FL 85 Zip Code
JAC 11. Pursuant t office or re agent. t ar SIGNATURE	to the provisions of Sections 60 egistered agent, or both, in the mamiliar with, and accept the				83 84 City bove-named cor d by the corpore tutes.	FL 85 Zip Code poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere
JAC 11. Pursuant t office or re agent. t ar SIGNATURE	CKSONVILLE FL 32210 to the provisions of Sections 60 egistered egent, or both, in the m familiar with, and accept the Signature, typed or proted name of registr OFFICEF	red agont and title if applicables AND DIRECTORS	e <u>(NO</u>		83 84 City	FL 85 Zip Code poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
JAC 11. Pursuant t office or re agent. t ar SIGNATURE 12. 11. IIILE NAME STREET ADDRESS	to the provisions of Sections 60 gistered agent, or both, in the m familiar with, and accept the Signature, typed or proted name of transfe	Ved agent and Me if applicant IS AND DIRECTORS		IF Registere 13. 1.1 TI 1.2 N 1.3 S	B3 B4 City bove-named cor d by the corpora tutes. d Agent signature requ TLE AME IAEET ADDRESS	FL 85 Zip Code poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere ired when reinstating)
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