

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90217 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008755

1. Corporation Name
AIR PORT LUGGAGE STORE, INC.



Principal Place of Business
 1317 N. FEDERAL HWY
 HOLLYWOOD FL 33020

Mailing Address
 1317 N. FEDERAL HWY
 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2025 Hollywood Blvd Suite, Apt. #, etc. 22 Hollywood FL City & State 23 33020 BROWARD Zip Country		2a. Mailing Address 26 2025 Hollywood Blvd Suite, Apt. #, etc. 27 Hollywood FL City & State 28 33020 Broward Zip Country		3. Date Incorporated or Qualified 01/26/1998		4. FEI Number 65-0809864		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent ORINGER, JOEL 1317 N. FEDERAL HWY HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2025 Hollywood Blvd			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE President <input checked="" type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Joel Oringer				1.2 NAME			
STREET ADDRESS 5026 S.W. 40th AVE				1.3 STREET ADDRESS			
CITY-ST-ZIP Fort Lauderdale, FL 33314				1.4 CITY-ST-ZIP			
TITLE Vice President <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Bernard Oringer				2.2 NAME			
STREET ADDRESS 4411 Sarazen DR				2.3 STREET ADDRESS			
CITY-ST-ZIP Hollywood, FL 33021				2.4 CITY-ST-ZIP			
TITLE Sec. Treasurer <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Jean Oringer				3.2 NAME			
STREET ADDRESS 4411 Sarazen DR				3.3 STREET ADDRESS			
CITY-ST-ZIP Hollywood, FL 33021				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE **SIGNATURE REQUIRED** Joel Oringer 4/26/99 954-920-0239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)