PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90019 006 \*\*\*150.00

DOCUMENT # P9800049040  1. Corporation Name AIRFLEET, INC.					;					
Principal Place	o of Business	Mailing Address				1 19611991 (10 16191 1917) USAN 991		1014 1016 <b>46</b> 11	DHULL DUEL LUUL	
•		1660 SOUTHERN BLVD, STE	M							
1660 SOUTHER WEST PALM BE			Ì							
11201 171211 02		WEST PALM BEACH FL 33406			L	DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed 05/27/1998				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied Fo			pplied For	
21		26				65-0857279		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional	
22		27				5. Certificate of Status Desired		Fee R	equired	
City & Stat	e	City & State				6. Election Campaign Financing	·		May Be	==
23		Zip Country				Trust Fund Contribution Added to Fees				
Zip	Zip Country Zip					8. This corporation owes the current year Intangible				
24	25	29 30	)			Personal Property Tax.  10. Name and Address of New R	enistered	Yes	□No	
-	9. Name and Address of Curren	t Registered Agent	81	Name		10. Name and Address of New N	egistereu	Agent		
BRO	OME, WILLIAM R.H.			Name						
	B AUSTRALIAN AVE S		82	Street /	Addres	s (P.O. Box Number is Not Accepta	ble)			
	IMERCE POINTE, STE 202		83	<del></del>						
	T PALM BEACH FL 33409		03							
			84	City		· ·	FI	85 Zip	Code	
44 Dumumt	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named	cornora	ation submits this statement for the	purpose of	changing it	s registered	
office or r	to the provisions of Sections 607,050, registered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was aufr	IONZPO DV	the corbo	oration's	s board of directors. I hereby accep	it the appoi	ntment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Age	nt signature re	equired wh	nen reinstating)	DATE			;
	OFFICERS AND DIRECTORS		13.							
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			٤
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 Date 561-684-2330 Daytime Phone #