PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059652

1. Corporation Name

AIRCASE INTERNATIONAL, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 025 ***150.00



		·						\dashv	(OFIIC ODIAL ODFIA ODIBL			/I FOR 1181 1881
Principal Place of Business Mailing Address														
13015 SW 89 PLACE SUITE 204 MIAMI FL 33176			13015 SW 89 PLACE SUITE 204 MIAMI FL 33176										_	
								-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
•											alited			
									<u> </u>					
2. Principal Pl	ace of Business	2a. Mailing Address						4. FEI Num	ber			$+ \div$	lied For	
21 6825 S.W. 21 Court			26 6825 S.W. 21 Court						65-08	74532_				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						s Certifcate	of Status Des	ired 🗆			dditional
22 Unit #3			27 Unit #3						<u> </u>				ee Req	
City & State			City & State							Campaign Fina	ncing			/lay Be
23 Davie, FL 33317			28 Davie, FL 33317						Trust Fund Contribution Added to Fees					
Zip			└			Country					ne current year Int			™
24 33317	25 USA	<u></u>	29 33317		30 US	Α				Property Tax.		☐Yes	<u> </u>	X No
	9. Name and Addre	ess of Current F	Registered Agent			1			10. Name as	nd Address of	New Registered	Agent		
						81	Name							
MURPHY, KATHLEEN						82 Street Addre			s (P.O. Box N	lumber is Not A	cceptable)			
7695 SW 104 STREET SUITE 200						or or other			(
MIAN	11 FL 33156					83					-			
l												1551	Zin C	
					-	84	City				FL	85	Zip Co	Jue
office or re	to the provisions of Sec egistered agent, or both n familiar with, and acc	in the State of	Florida Such chanc	ie was a	uthorized	nv 1	the corn	corpora oration	ation submits 's board of dir	this statement ectors. I hereby	for the purpose of accept the appo	changir intment	ng its n as regi	egistered istered
SIGNATURE	Signature, typed or printed nam	e of registered agent a	nd title if applicable.	(NOTE	: Registered	Agen	t signature n	equired w	hen reinstating)		DATE			
12.		OFFICERS AND	DIRECTORS		13.				ADDITION	IS/CHANGES	<u> TO OFFICERS AI</u>			
TITLE	DP		☐ DÊ	LETE	1,1 TIT	LE		DP	, DS			X Cha	ange	Addition
NAME	AME SCHNOOR, DEAN F			1.2 N				l	-	DEST				
STREET ADDRESS 13015 SW 89 PLACE SUITE 204			1,3 \$			3 STREET ADDRESS 50		HNOOK,	DEAN I	Unit	2			
CITY-ST-ZIP MIAMI FL 33176										. 3331		<u> </u>		
TITLE	DV		□ DE	LETE	2.1 TIT	LE.		Da	V-LC7 I	1 3331		Cha	ange	Addition
NAME	BISHOP, DAN				2.2 NA	ME		DV	, DT					•
STREET ADDRESS 13015 SW 89 PLACE SUITE 204			2.3 \$			REET ADDRESS BIS			SHOP,	DAN				
	MIAMI FL 33176				2.4 CITY-ST-ZIP 68			-	. 21 Ct	· IIni+	2			
CITY-ST-ZIP TITLE	DT		G√ DE	LETE	3,1 TIT			Day	vio F	T., 3331		_ Chi	ange	Addition
}	LÍ, LINDA				3.2 NA			_Da	ATCAST.	ロギョンススペッ		~		ſ
NAME	•	CE CHITE OM					ADDRESS							
STREET ADDRESS	13015 SW 89 PLAC	JE 3011E 204						ŀ						
CITY-ST-ZIP	MIAMI FL 33176_			ETE	3,4. CI 4,1 TIT		1-ZIP				_	☐ Cha	ange	Addition
TITLE	DS		X	LEIE	4		1	<u> </u>					50	
NAME	MURPHY, KATHLEI				4.2 N									
STREET ADDRESS	13015 SW 89 PLAC	JE SUITE 204					ADDRESS							
CITY-ST-ZIP	MIAM! FL 33176_					Y-\$1	I-ZIP							Addition
TITLE]			I) DE	LETE	5.1 TIT							☐ Ch	anye	Addition
NAME					5.2 NA									1
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	<u> </u>				5.4 CI		T-ZIP							
TITLE			□ DE	LETE	6.1 TIT	LE		1				☐ Ch	ange	☐ Addition
NAME					6.2 NA	ME		Ì						
STREET ADDRESS			•		6.3 ST	REET	ADDRESS							

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 of 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 true ee 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.

6.4 CITY-ST-ZIP

SIGNATURE: