

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5,000

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris is  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90030 046 \*\*\*158.75

**DOCUMENT #**

1. Corporation Name

Airtel, Incorporated

Principal Place of Business

Mailing Address

2175 SW 22nd Ave., #102  
Delray Beach, FL 33445

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-20-98

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 same  
Suite, Apt. #, etc.

26 same  
Suite, Apt. #, etc.

22 same

27 same

23 City & State

28 City & State

23 same

28 same

24 Zip same 25 Country

29 Zip same 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kenneth M. Krassy  
1040 Marble Way

Boca Raton, FL 33432

81 Name  
Hollie N. Hawn, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
2175 SW 22nd Ave., #102

83

84 City Delray Beach, FL 85 Zip Code 33445

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

Hollie N. Hawn  
(NOTE: Registered Agent signature required when reinstating)

4-28-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Kenneth M. Krassy	
STREET ADDRESS	1040 Marble Way	
CITY-ST-ZIP	Boca Raton, FL 33432	<input type="checkbox"/> DELETE
TITLE	Vice-president	<input type="checkbox"/> DELETE
NAME	Susan P. Krassy	
STREET ADDRESS	1040 Marble Way	
CITY-ST-ZIP	Boca Raton, FL 33432	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2175 SW 22nd Ave., #102	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2175 SW 22nd Ave., #102	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M. Krassy 4-28-99 (800) 748-1393 x1090  
Date Daytime Phone #

CR2E034 (11/98)