

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90179 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000095103

1. Corporation Name

DIVERSIFIED AIR SYSTEM SERVICES, INC.



Principal Place of Business
8430 N.W. 8TH STREET
PEMBROKE PINES FL 33024

Mailing Address
8430 N.W. 8TH STREET
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

65-0895951

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

9. Name and Address of Current Registered Agent

GRANT, CAROL L
561 N.W. 183RD STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TINGLIN, MICHAEL
STREET ADDRESS 8430 N.W. 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ DELETE
NAME TINGLIN, YVONNE
STREET ADDRESS 8430 N.W. 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ DELETE
NAME MALCOLM, GRACE
STREET ADDRESS 8430 N.W. 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ DELETE
NAME MALCOLM, DALE
STREET ADDRESS 8430 N.W. 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☒ Change ☐ Addition
1.2 NAME MICHAEL TINGLIN
1.3 STREET ADDRESS 8430 N.W. 8TH STREET
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33024

2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME YVONNE TINGLIN
2.3 STREET ADDRESS 8430 N.W. 8TH STREET
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33024

3.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
3.2 NAME GRACE MALCOLM
3.3 STREET ADDRESS 7141 SW 6th Street
3.4 CITY-ST-ZIP Pembroke Pines, FL 33023

4.1 TITLE DALE MALCOLM ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 7141 SW 6th ST
4.4 CITY-ST-ZIP PEMBROKE PINES FL 33023

5.1 TITLE "SECRETARY" ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: MICHAEL TINGLIN

Date 4/20/99 Daytime Phone # (954) 433-1065

CR2E034 (11/98)