Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90169 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000096526 1. Corporation Name

MIOA ACQUISITION COMPANY VII, INC.

NOW	KNOWN AS AIR	2 RESPONSE NORth	, I	اد،			
Principal Place	e of Business	Mailing Address			((00) 00) ((0) 00 (00) 00 (00) 00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1903 S. CONGRESS AVENUE 1903 S. CONGRESS AVENUE							
SUITE 400 SUITE 400					DO NOT WRITE IN TH	IS SPACE	
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426					3. Date Incorporated or Qualifed		
}	•				11/17/1998	/	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	V App	lied For
21 26						Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27					5. Certificate of Otation Desired	Fee Rec	quired
City & State					6. Election Campaign Financing	\$5.00	
23	<u>.</u>	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		□No
24	25	29 3	10		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	
DAVI	IS E NICHOLAS III			Mairio			
DAVIS, E. NICHOLAS III			82	Street A	Idress (P.O. Box Number is Not Acceptable)		
1903 S. CONGRESS AVENUE SUITE 400			83				
	NTON BEACH FL 33426		53				
BUTNION DEACH PL 33420			84	City		85 Zip C	ode
44. 8	A the a distance of Sections 607 050	22 and 607 1509 Elorida Statutos	the above	a-named co	orporation submits this statement for the purpose	of changing its i	registered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Fibrida. Such change was aut	horized by	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familia with and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.	IN A	ALIC TIT 4/28/9	3	
SIGNATURE	Signature, typed or plinted name of requirement age	mix E	NI CHD	uns v	<u>י וטעון ביוטוו עון ו</u> כיוטוו	7	
		ent and title if applicable. (NOTE: N	leaistered Agen	1 signature regi	uired when reinstating) DATE		
12.		ent and title if applicable. (NOTE: R	13.	1 signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.	OFFICERS AN			1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
	OFFICERS AN	ND DIRECTORS	13.	Z	ADDITIONS/CHANGES TO OFFICERS:		
TITLE	D OFFICERS AND PERSHES, PAUL C	ND DIRECTORS	1.1 TITLE 1.2 NAME	ADDRESS /	ADDITIONS/CHANGES TO OFFICERS: APECE, LOUIS R 903 S. CONSPESS AVE #400		
TITLE NAME STREET ADDRESS	D PERSHES, PAUL C 1903 S. CONGRESS AVE. SUI	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS /	ADDITIONS/CHANGES TO OFFICERS: APECE, LOUIS R 903 S. CONSPESS AVE #400		
TITLE	D OFFICERS AND PERSHES, PAUL C	ND DIRECTORS	1.1 TITLE 1.2 NAME	ADDRESS /	ADDITIONS/CHANGES TO OFFICERS: APECE , LOY'S R 903 S. CONGRESS AVE #400 BOYNTON BEACH, FL 33426		
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BOYNTON BEACH, FL 33426 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 or attact treat with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

& NICHOLAS DAVIS III

SCIARRA, BLAISE JR

1903 5. CONGRESS AVE #400

CR2E034 (11/98)