

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 009 ***150.00

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1. Entity Name

A.I.R. OF FORT LAUDERDALE, INC.



Principal Place of Business

4455 NW 9TH AVENUE
UNIT 1
OAKLAND PARK FL 33309

Mailing Address

4455 NW 9TH AVENUE
UNIT 1
OAKLAND PARK FL 33309

2. Principal Place of Business

511 East Prospect Rd.
Suite, Apt. #, etc.
Oakland Park, FL.
City & State

3. Mailing Address

Same
Suite, Apt. #, etc.
City & State



MOORE

CR2E034 (11/03)

4. FEI Number

52-2200205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, MICHAEL J
609 S.W. 8TH AVE.
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SINGH, JANET M
STREET ADDRESS 613 SW 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE VP ☐ Delete
NAME MAYER, MICHAEL J
STREET ADDRESS 609 SW 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE S ☐ Delete
NAME MAYER, JOHN B
STREET ADDRESS 613 SW 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

Michael J. Mayer VP MICHAEL J. MAYER 3/11/04 (954) 776-6540