


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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90105 046 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S36878</b>					
1. Corporation Name <b>AIR CONNECTION, INC.</b>					
Principal Place of Business <b>HIGHWAY 70 AND WALSTON ROAD P.O. BOX 1800 ARCADIA FL 34265 US</b>			Mailing Address <b>HIGHWAY 70 AND WALSTON ROAD P.O. BOX 1800 ARCADIA FL 33821</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03/12/1991</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0243626</b> Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HEEKIN, JOHN CHARLES 21202 OLEAN BOULEVARD SUITE C-2 PORT CHARLOTTE FL 33952</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILCOXEN, JOHN E.</b>	1.2 NAME			
STREET ADDRESS	<b>P.O. BOX 1800 N/A</b>	1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ARCADIA FL</b>	1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-99 (941) 494-3824

CR2E034 (11/98)

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