## 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 # **S76916**

1. Corporation Name

ACTION AIR, INC.

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

03-17-1999 90084 031 \*\*\*158.75



	·									
Principal Place	of Business	Maili	ng Address							
3240 W HALLANDALE BEACH BLVD 3240 W HALLANDALE BEACH					4 BLVD					
PEMBROKE PAR	RK FL 33023	PEM	PEMBROKE PARK FL 33023				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			]
							08/29/1991			\
2. Principal Pl	lace of Business	2a. Ñ	failing Address				4. FEI Number	Δ	pplied For	1
21			26				65-0285865	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lot Applicable	1
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				_	\$8.75	Additional	1
22		27					5. Certifcate of Status Desired		Required	
City & State	е		City & State			٠.	6. Election Campaign Financing	\$5:00	May Be	}
23		28					Trust Fund Contribution		to Fees	1
Zip	Countr	′ <del> </del>	ip	Cou	intry		8. This corporation owes the current year Int		□n.	
24	25	29	1.4	30			Personal Property Tax.	Yes	□No	┥
	9. Name and Addre	ess of Current Registe	red Agent		81	Name	10. Name and Address of New Registered	Agent		┨
SHE	A, STPEHEN				•	Name				]
3240 W HALLANDALE BEACH BLVD					82	Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PARK FL 33024					83					1
	•				Ш			-1 -1 -		4
	•				84	City	FL	<b>85</b>   Zip	Code	
11. Pursuant	to the provisions of Sec	tions 607.0502 and 607	.1508, Florida Statut	es, the al	bove	-named corpo	ration submits this statement for the purpose of	changing it	s registered	1
office or re agent. I as	egistered agent, or both m familiar with, and acq	i, in the State of Florida. ept the obligations of, S	Such change was a ection 607.0505, Flo	uthorized rida Statı	l by t utes.	he corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as r	egistered	
SIGNATURE	At. at	Me					<u> </u>	799		(
		e of registered agent and title if a	•		Agent	signature required		ID DIDECT	ODC IN 12	√ á
12.		OFFICERS AND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change		11/0
TITLE	D CUEA CTERUENE	•		1.1 TI		}		Cridingo		5
NAME	SHEA, STEPHEN P			1.2 NA						1 8
		-		1.3 ST	REET.	ADDRESS				1
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CITY-ST-ZIP TITLE NAME			DELETE	2.1 TT 2.2 NA	TLE VME			☐ Change	☐ Addition	- è
CITY-ST-ZIP TITLE			DELETE	2.1 TT 2.2 NA 2.3 ST	TLE VME TREET	ADDRESS		☐ Change	☐ Addition	)   
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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 efficiency wered 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 attacess, with all other like empowered.

SIGNATURE:

required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR