

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

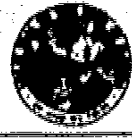
**APPROVED AND FILED**

**95 APR 24 AM 7:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 298609 (9)**

1. Corporation Name  
**AIROCAR, INC.**

Principal Place of Business: **P.O. BOX 850, NEW RIVER STATION FT LAUDERDALE FL 33302**

Mailing Address: **P.O. BOX 850, NEW RIVER STATION FT LAUDERDALE FL 33302**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1965**

3a. Date of Last Report: **04/22/1994**

4. FEI Number: **59-1292777**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CAMILLO, JOHN, M 1800 W COMMERCIAL BLVD FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, JESSE P	1.2 NAME	
STREET ADDRESS	517 N FEDERAL HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, PHILIP E.	2.2 NAME	
STREET ADDRESS	1800 W COMMERCIAL BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, MICHAEL R	3.2 NAME	
STREET ADDRESS	517 N FEDERAL HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, GREGORY P	4.2 NAME	<b>DELETE Gregory P. Gaddis</b>
STREET ADDRESS	517 NO FEDERAL HWY	4.3 STREET ADDRESS	<b>from the list of</b>
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	<b>Officers and Directors</b>
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Jesse P. Gaddis, President** *Jesse P. Gaddis* **4/20/95** **305 565 8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #