

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

202 APPROVED AND FILED

35 MAY -1 AM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. **H16687** (6)

1. Corporation Name
AIR-FLOW CONTROL, INC.

Principal Place of Business: **% JIM L. SCIARA
4712 N CLARK AVE
TAMPA FL 33614**

Mailing Address: **% JIM L. SCIARA
4712 N CLARK AVE
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1984**

3a. Date of Last Report: **07/08/1994**

4. FEI Number: **59-2435141**

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

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

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

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. #, etc.: **27**

23. City & State: **28**

24. **29**

9. Name and Address of Current Registered Agent: **SCIARA, JAMES L.
4712 N. CLARK AVE
TAMPA FL 33614**

10. Name and Address of New Registered Agent:

81. Name

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

83.

84. City

85. FL 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 607.0502, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| 1. TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | DEL-CASTILLO, ANTHONY | 1.2 NAME | |
| 3. STREET ADDRESS | 2314 FERN PLACE | 1.3 STREET ADDRESS | |
| 4. CITY & STATE | TAMPA FL | 1.4 CITY & STATE | |
| 5. TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | 2.2 NAME | |
| 7. STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 8. CITY & STATE | | 2.4 CITY & STATE | |
| 9. TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | 3.2 NAME | |
| 11. STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 12. CITY & STATE | | 3.4 CITY & STATE | |
| 13. TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | 4.2 NAME | |
| 15. STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 16. CITY & STATE | | 4.4 CITY & STATE | |
| 17. TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | 5.2 NAME | |
| 19. STREET ADDRESS | | 5.3 STREET ADDRESS | |
| 20. CITY & STATE | | 5.4 CITY & STATE | |
| 21. TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | 6.2 NAME | |
| 23. STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 24. CITY & STATE | | 6.4 CITY & STATE | |

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee or assignee to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on the F-12 or F-13 as required, or on any other document in relation thereto.

SIGNATURE: *Anthony DelCastillo* Pres.

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR