

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J41873 (7)**

1. Corporation Name
COMPRESSOR SUPPLY AND ENGINEERING, INC.



Principal Place of Business Mailing Address
1358 W. NEWPORT CTR. DR. 1358 W. NEWPORT CTR. DR.
P. O. BOX 25173 (ZIP 33320) P. O. BOX 25173 (ZIP 33320)
DEERFIELD BCH FL 33442-7777 DEERFIELD BCH FL 33442-7777
US US

3. Date Incorporated or Qualified **11/13/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2737306** Applied For Not Applicable
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 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip Country 29 30

9. Name and Address of Current Registered Agent
**CHAPMAN, JOHN R JR.
1358 W. NEWPORT CTR. DR.
DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, JOHN R., SR.	
STREET ADDRESS	2200 S OCEAN LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KISSANE, WILLIAM F.	
STREET ADDRESS	6816 NW 28TH WAY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHAPMAN, JOHN R., JR.	
STREET ADDRESS	4790 N.W. 114TH AVENUE	
CITY - ST - ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV KISSANE, WILLIAM F.
2.3 STREET ADDRESS	6191 N.W. 66 AVENUE
2.4 CITY - ST - ZIP	PARKLAND, FL 33067
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP CHAPMAN, JOHN R., JR.
3.3 STREET ADDRESS	7355 N.W. 68TH AVE.
3.4 CITY - ST - ZIP	PARKLAND, FL 33067
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William F. Kissane* William F. Kissane 2-16-96 954 422-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)