

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K59088 (0)**  
 1. Corporation Name

**ASSOCIATED PNEUMATICS, INC.**



Principal Place of Business	Mailing Address
3166 MARY STREET COCONUT GROVE FL 33133	3166 MARY STREET COCONUT GROVE FL 33133

3. Date Incorporated or Qualified <b>01/13/1989</b>	3a. Date of Last Report <b>06/30/1995</b>
4. FEI Number <b>65-0102446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>15363 S.W. 54TH ST.</b>	26 <b>P.O. Box 1315</b>
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>
24 <b>33185</b> 25 <b>USA</b>	29 <b>33265-1315</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERGERT, ROBERT L. 3166 MARY STREET COCONUT GROVE FL 33133		81 Name <b>ROBERT L. HERGERT</b>	85 Zip Code <b>33185</b>
		82 Street Address (P.O. Box Number is Not Applicable) <b>15363 S.W. 54TH STREET</b>	
		83	
		84 City <b>MIAMI</b>	

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of, Section 607.0108, Florida Statutes.

SIGNATURE: *Robert L. Hergert* (ROBERT L. HERGERT), PRESIDENT DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERGERT, ROBERT L.</b>	12 NAME	<b>ROBERT L. HERGERT</b>
STREET ADDRESS	<b>3166 MARY ST</b>	13 STREET ADDRESS	<b>15363 S.W. 54TH STREET</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>	14 CITY - ST - ZIP	<b>MIAMI, FL 33185</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERGERT, IVY A.</b>	22 NAME	<b>IVY A. HERGERT</b>
STREET ADDRESS	<b>3166 MARY ST</b>	23 STREET ADDRESS	<b>15363 S.W. 54TH STREET</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL</b>	24 CITY - ST - ZIP	<b>MIAMI, FL 33185</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: *Robert L. Hergert* (ROBERT L. HERGERT) 7/28/96 (305) 553-3572

CR2E034 (3/96)