

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L43347 (8)**  
 1. Corporation Name  
**AIR & ELECTRIC DEPOT, INC.**



Principal Place of Business: **% JOSEPH H. KINGSLAND 9130 NW S. RIVER DR. MEDLEY FL 33166**  
 Mailing Address: **% JOSEPH H. KINGSLAND 9130 NW S. RIVER DR. MEDLEY FL 33166**

3. Date Incorporated or Qualified: **01/19/1990**  
 3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business:  
 21 State, Apt. #, etc.:  
 22 City & State:  
 23 Zip: Country:  
 24  
 25  
 26 2a. Mailing Address:  
 Suite, Apt. #, etc.:  
 27 City & State:  
 28 Zip: Country:  
 29 30  
 4. FEI Number: **65-0169662**  
 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 10. Name and Address of New Registered Agent

**KINGSLAND, JOSEPH H.  
 9130 NW S. RIVER DR.  
 MEDLEY FL 33166**

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

(Type or print name of current registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  DELETE  
 NAME: **CALVO, SARA**  
 STREET ADDRESS: **9130 N.W. SOUTH RIVER DR**  
 CITY, ST, ZIP: **MEDLEY FL**  
 TITLE: **D**  DELETE  
 NAME: **CALVO, JUAN**  
 STREET ADDRESS: **9130 N.W. SOUTH RIVER DR**  
 CITY, ST, ZIP: **MEDLEY FL**  
 TITLE: **DV**  DELETE  
 NAME: **CALVO, JUAN**  
 STREET ADDRESS: **9130 NW S RIVE DR**  
 CITY, ST, ZIP: **MEDLEY FL**  
 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:  
 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:  
 TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY, ST, ZIP:

1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS:  
 1.4 CITY - ST - ZIP:  
 2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY - ST - ZIP:  
 3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY - ST - ZIP:  
 4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY - ST - ZIP:  
 5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY - ST - ZIP:  
 6.1 TITLE:  Change  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 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 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: Sara Calvo SARA CALVO 3/10/97 (305) 884-8206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CR2E034 (9/96)