

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

12/4/98

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 026 ***150.00

DOCUMENT # L43347

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/19/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0169662	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
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	
10. Name and Address of New Registered Agent				85 Zip Code	
				FL	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CALVO, JOSE	1.1 TITLE	Change Addition
NAME	7622 SW 96 CT	1.2 NAME	
STREET ADDRESS	MIAMI FL 33123	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CALVO, JUAN	2.1 TITLE	Change Addition
NAME	9130 N.W. SOUTH RIVER DR	2.2 NAME	
STREET ADDRESS	MEDLEY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV CALVO, JUAN	3.1 TITLE	Change Addition
NAME	9130 NW S RIVE DR	3.2 NAME	
STREET ADDRESS	MEDLEY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: JOSE CALVO 3-15-99 305-884-8206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)