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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M69232 (0)

**1. Corporation Name
SUNSTATE AIR DESIGNS, INC.**

Principal Place of Business Mailing Address
**4411 OLD TAMPA HWY (34746)
P O BOX 420610
KISSIMMEE FL 34742-0610
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/15/1988
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2979668
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

2. Principal Place of Business
21. 250 JASMINE RD
22. Suite, Apt. #, etc.
23. CASSELBERRY, FL
24. 32707
25. US
26. P.O. Box 180308
27. Suite, Apt. #, etc.
28. CASSELBERRY, FL
29. 32718-0308
30. US

9. Name and Address of Current Registered Agent
**STINE, KEVIN W.
4411 OLD TAMPA HWY.
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent
81. Name TERRY BURD
82. Street Address (P.O. Box Number is Not Acceptable) 250 JASMINE RD
83.
84. City CASSELBERRY FL
85. Zip Code 32707

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 *[Signature]* **DATE** 4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME STINE, KEVIN
STREET ADDRESS 4411 OLD TAMPA HWY
CITY - ST - ZIP KISSIMMEE FL

1.1 TITLE PRESIDENT Change Addition
1.2 NAME TERRY BURD
1.3 STREET ADDRESS 250 JASMINE RD
1.4 CITY - ST - ZIP CASSELBERRY FL 32707

TITLE P
NAME MAXWELL, CARL E.
STREET ADDRESS 5811 LACONA DRIVE
CITY - ST - ZIP ORLANDO FL

2.1 TITLE SECRETARY Change Addition
2.2 NAME DONNA THOMASON
2.3 STREET ADDRESS 250 JASMINE RD
2.4 CITY - ST - ZIP CASSELBERRY FL 32707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *[Signature]* **DATE** 4-25-95 **REGISTERED OFFICE #** 407-831-3600