

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M69232** (0)

1. Corporation Name
SUNSTATE AIR DESIGNS, INC.



Principal Place of Business: **250 JASMINE RD. P O BOX 420610 CASSELBERRY FL 32707 US**

Mailing Address: **P.O. BOX 180308 P O BOX 420610 CASSELBERRY FL 32718-0308 US**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

3. Suite, Apt. #, etc.: **22**

3a. Suite, Apt. #, etc.: **27**

4. City & State: **23**

4a. City & State: **28**

5. Zip: **24** Country: **25**

5a. Zip: **29** Country: **30**

3. Date of Incorporation or Qualified: **02/15/1988**

3a. Date of Last Report: **04/28/1995**

4. FE Number: **59-2979668**

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

g. Name and Address of Current Registered Agent

**BURD, TERRY
250 JASMINE RD
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____

85. Zip Code: **FL** _____

11. Pursuant to the provisions of Sections 607.0500 and 607.1506, Florida Statutes, the above named corporation hereby certifies 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, thereby to accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0500, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STINE, KEVIN	
STREET ADDRESS	4411 OLD TAMPA HWY	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, CARL E.	
STREET ADDRESS	5811 LACONA DRIVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURD, TERRY	
STREET ADDRESS	250 JASMINE RD.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMASON, DONNA	
STREET ADDRESS	250 JASMINE RD	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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 registered agent or preparer of 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: *Terry Burd* T. H. Byrd

2/13/96 467.831.3600

CR2E034 (12/95)