

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S22952** (3)

1. Corporation Name
CONSOLIDATED AIR, INC.

Principal Place of Business	Mailing Address
7230 S GEORGIA AVE UNIT E W PALM BCH FL 33405	7230 S GEORGIA AVE UNIT E W PALM BCH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 06/16/1994
4. FEI Number APPLIED FOR 65-0337922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 193.037 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1011 6th AVENUE, So.	26 1011 6th AVENUE, So.
22 Unit B	27 Unit - B
23 LAKE WORTH, FL	28 LAKE WORTH, FL
24 33460	25 Palm Bch.
29 33460	30 Palm Bch.

9. Name and Address of Current Registered Agent

URSO, SUSANNA JOYCE
1141 TAHOE CT
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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 (Print name of registered agent and title in separate lines) _____ (Print name of registered agent and title in separate lines)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME	P URSO, SUSANNA JOYCE	13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 STREET ADDRESS	1411 TAHOE CT	13-2 NAME	
12-3 CITY, ST, ZIP	LAKE WORTH FL	13-3 STREET ADDRESS	
12-4		13-4 CITY, ST, ZIP	
12-5 NAME	D URSO, SUSANNA JOYCE	13-5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 STREET ADDRESS	1411 TAHOE CT	13-6 NAME	
12-7 CITY, ST, ZIP	LAKE WORTH FL	13-7 STREET ADDRESS	
12-8		13-8 CITY, ST, ZIP	
12-9 NAME	T URSO, RICHARD	13-9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 STREET ADDRESS	1411 TAHOE CT	13-10 NAME	
12-11 CITY, ST, ZIP	LAKE WORTH FL	13-11 STREET ADDRESS	
12-12		13-12 CITY, ST, ZIP	
12-13 NAME	S WALKER, ROBERT	13-13 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 STREET ADDRESS	2139 NOVA VILLAGE DR.	13-14 NAME	S URSO, SUSANNA JOYCE
12-15 CITY, ST, ZIP	DAVIE FL	13-15 STREET ADDRESS	1411 TAHOE CT.
12-16		13-16 CITY, ST, ZIP	LAKE WORTH, FL. 33461
12-17 NAME	V WALKER, FRANK	13-17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-18 STREET ADDRESS	7920 NORMANDY ST	13-18 NAME	
12-19 CITY, ST, ZIP	MIRAMAR FL	13-19 STREET ADDRESS	
12-20		13-20 CITY, ST, ZIP	
12-21 NAME		13-21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-22 STREET ADDRESS		13-22 NAME	
12-23 CITY, ST, ZIP		13-23 STREET ADDRESS	
12-24		13-24 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.037(2)(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 on a report filed by an officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name is not being changed, or my address being changed, as an attachment with an address.

SIGNATURE *Susanna Joyce*
PRINT NAME AND TYPE OF OFFICE OR TITLE OF SIGNING OFFICER OR DIRECTOR

7/15/95. 407-586-3839