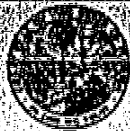


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 217276 (5)

1. Corporation Name
AIRGUIDE CORPORATION

Principal Place of Business

795 WEST 20TH ST
HALEAH FL 33010-2466
US

Mailing Address

795 WEST 20TH ST
HALEAH FL 33010-2466
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
11/17/1958

3a. Date of Last Report
03/22/1994

4. FEI Number
59-0958574

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

HEGAMYER, WILLIAM
511 N. MASHTA DRIVE
KEY BISCAYNE FL

81 Name

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

83

84 City

FL 85 Zip Code
33149

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HEGAMYER, W.H.
STREET ADDRESS	511 N. MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	HEGAMYER, L K
STREET ADDRESS	511 N. MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	T
NAME	ROBINSON, CHARLES V
STREET ADDRESS	1550 NE 123 ST, N-307
CITY-ST-ZIP	N. MIAMI FL
TITLE	SD
NAME	HEGAMYER, K L
STREET ADDRESS	281 GREENWOOD DR.
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	MARTY, D C
STREET ADDRESS	7850 SW 67 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HINCKLEY, H D
STREET ADDRESS	6065 ROLLING RD DR
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	ZIP 33149
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	ZIP 33149
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	ZIP 33161
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	ZIP 33149
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	
5.3 STREET ADDRESS	ZIP 33143
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	
6.3 STREET ADDRESS	ZIP 33156
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(4)(g), 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:

William H. Hegamyer

1/12/95

(305) 696-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number