

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 246841 (1)

1. Corporation Name  
**AIR EQUIPMENT CO**



Principal Place of Business: 854 WEST 20 ST HIALEAH FL 33010  
Mailing Address: 854 WEST 20 ST HIALEAH FL 33010

3. Date Incorporated or Qualified: 04/24/1961  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 59-0920265  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**GOLL, FRANK T  
854 W 20TH ST  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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) (Typed Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GOLL, FRANK T 854 W 20TH ST. HIALEAH FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOLL, FRANK T 854 W 20TH ST. HIALEAH FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STD COLE, LYNN 854 W. 20TH ST. HIALEAH FL	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	VD WATKINS, WILLIAM W 854 W. 20TH ST. HIALEAH FL	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D COLE, SOLOM 854 W. 20TH ST. HIALEAH FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COLE, J. R 854 W. 20TH ST. HIALEAH FL	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	

9. TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		2. NAME	
11. STREET ADDRESS		3. STREET ADDRESS	
12. CITY-STATE-ZIP		4. CITY-STATE-ZIP	
13. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		6. NAME	
15. STREET ADDRESS		7. STREET ADDRESS	
16. CITY-STATE-ZIP		8. CITY-STATE-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 119.07(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 from an attached or attached address.

SIGNATURE: *Frank T. Goll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRANK T. GOLL**

4/16/96 305 885-5371

CR2E034 (12/95)