

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90008 003 ***550.00

DOCUMENT # 246841

1. Corporation Name

AIR EQUIPMENT CO

Principal Place of Business

Mailing Address

WEST 20 ST
FL 33010

854 WEST 20 ST
HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1961

4. FEI Number

59-0920265

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 owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, JR
854 W 20TH ST
HIALEAH FL 33010

81 Name

David DiPuglia

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

83

854 W. 20th St.

84 City

Hialeah

FL

85 Zip Code

33010

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME GOLL, FRANK T
STREET ADDRESS 854 W 20TH ST.
CITY-ST-ZIP HIALEAH FL

1.1 TITLE ☐ Change ☐ Addition

NAME GOLL, FRANK T

STREET ADDRESS 854 W 20TH ST.

CITY-ST-ZIP HIALEAH FL

1.2 NAME

TITLE STD ☒ DELETE

NAME COLE, LYNN

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP HIALEAH FL

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE

NAME WATKINS, WILLIAM W

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP HIALEAH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE C ☒ DELETE

NAME COLE, SOLON

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP HIALEAH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME COLE, J. R

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP HIALEAH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE President (P) ☐ DELETE

NAME David DiPuglia

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP Hialeah, FL 33010

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME David DiPuglia

STREET ADDRESS 854 W. 20TH ST.

CITY-ST-ZIP Hialeah, FL 33010

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

David DiPuglia

7.14.99 (305) 8855371

CR2E034 (5/99)