FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:02

DOCUMENT # **256506** **(7)**

1. Corporation Name
AIRE-LOK CO

Principal Place of Business	Mailing Address
7237 N E 4TH AVE MIAMI FL 33138	7237 N E 4TH AVE MIAMI FL 33138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1962
3a. Date of Last Report: 02/16/1994

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)

4. FEI Number: 59-0949294 ☐ 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

MORRIS,MORRIS B
544 LAKEVIEW CT
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: Arthur J. Pierce
82 Street Address (P.O. Box Number is Not Acceptable): 5481 SW 55th Ave
83: Davie
84 City: FL 85 Zip Code: 33140

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] 3/21/95
Signature of new or limited liability company 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, ARTHUR J.	1.2 NAME		
STREET ADDRESS	5481 SW 55TH AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MORRIS, RHODA	2.2 NAME	Antonia Hichez	
STREET ADDRESS	544 LAKEVIEW CT	2.3 STREET ADDRESS	3004 N. 37th Terrace	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Hollywood Fl. 33021	
TITLE	CD	3.1 TITLE	Treasury	☐ Change ☐ Addition
NAME	MORRIS,MORRIS B.	3.2 NAME	Elizabeth Pierce	
STREET ADDRESS	544 LAKEVIEW CT	3.3 STREET ADDRESS	5481 SW 55th Ave	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Davie, Fl. 33140	
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	PIERCE, GARY E	4.2 NAME		
STREET ADDRESS	5481 S.W. 55TH AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 addition.

SIGNATURE: Gary E Pierce [signature] 3/10/95 305-757-5333
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OFFICER OR DIRECTOR — Date — Daytime Phone #

0144A30 CP