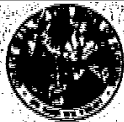


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**7237 N E 4TH AVE
MIAMI FL 33136**

Mailing Address

**7237 N E 4TH AVE
MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

3. Date Incorporated or Qualified

03/02/1982

3a. Date of Last Report

02/16/1994

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 **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]

(NOTE: Registered Agent Signature required when reappointing)

DATE

3/21/95

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PIERCE, ARTHUR J.**
STREET ADDRESS **5481 SW 55TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **S**
NAME **MORRIS, RHODA**
STREET ADDRESS **544 LAKEVIEW CT**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **CD**
NAME **MORRIS, MORRIS B.**
STREET ADDRESS **544 LAKEVIEW CT**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **V**
NAME **PIERCE, GARY E**
STREET ADDRESS **5481 S.W. 55TH AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Secretary** ☒ Change ☐ Addition
2.2 NAME **Antonia Hichez**
2.3 STREET ADDRESS **3004 N. 37th Terrace**
2.4 CITY-ST-ZIP **Hollywood FL. 33021**

3.1 TITLE **Treasurer** ☐ Change ☐ Addition
3.2 NAME **Elizabeth Pierce**
3.3 STREET ADDRESS **5481 SW 55th Ave**
3.4 CITY-ST-ZIP **Davie, FL. 33140**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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(3)(k), 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 the 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 addendum.

SIGNATURE:

Gary E Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 305-27-5333