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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 FEB -1 AM 11:12

DOCUMENT # 362575 (3)

1. Corporation Name
AMERICAN AIR COMPRESSOR SYSTEMS, INC.

Principal Place of Business	Mailing Address
4051 N.E. 6 AVE. FORT LAUDERDALE FL 33334	4051 N.E. 6 AVE. FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1970
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1318312 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTON, ROBERT BARRY JR.
~~11033 NW 17 MANOR~~
~~4051 NE 6 AVENUE~~ OK
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: BARTON, Robert Barry Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 5247 NW 110 AV
83: 4051 NE 6 Av Ft Lauderdale 33334
84 City: Coral Springs FL 85 Zip Code: 33076

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: Robert Barry Barton Jr. 1/25/95
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	1.1 TITLE	BARTON Robert Barry Jr. ☒ Change ☐ Addition
NAME	BARTON, ROBERT BARRY JR.	1.2 NAME	
STREET ADDRESS	~~11033 NW 17 MANOR~~	1.3 STREET ADDRESS	5247 NW 110 AV
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	1.4 CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	S	2.1 TITLE	BARTON, Sheryl L. ☒ Change ☐ Addition
NAME	BARTON, SHERYL L.	2.2 NAME	
STREET ADDRESS	~~11033 NW 17 MANOR~~	2.3 STREET ADDRESS	5247 NW 110 Av
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP	Coral Springs, FL 33076
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Robert Barry Barton Jr. 1/25/95 305-565-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0236006 CP