

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **544993** (9)

1. Corporation Name
AIR SPECIALISTS, INC.



Principal Place of Business: **15986 NW 48 AVE. HIALEAH FL 33014 US**
Mailing Address: **8540 SW 27TH PL DAVIE FL 33328 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **09/12/1977**
3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-1774892**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**DADDONA, LAURA
2458 W 8TH COURT
HIALEAH FL 33010**

10. Name and Address of New Registered Agent (81-85)

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 _____

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE <input type="checkbox"/>
NAME	DADDONA, LAURA	
STREET ADDRESS	8540 SW 27TH PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	P	DELETE <input type="checkbox"/>
NAME	DADDONA, JOHN	
STREET ADDRESS	8540 SW 27TH PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Change <input type="checkbox"/> Add-on <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies 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 *Laura Daddona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-96
305-624-1010

CR2E034 (12/95)