FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 625090 (6)

1. Corporation Name

AIR RECOVERY, INC.

Principal Place of Business
12970 PORT SAID RD
P.O. BOX 72
OPA LOCKA FL 33054
US

Mailing Address
12970 PORT SAID RD
P.O. BOX 72
OPA LOCKA FL 33054
US

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

3. Date Incorporated or Qualified: 06/06/1979
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-1921402 — ☐ 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**

GAITHER, TIM
12970 PORT SAID RD
OPA LOCKA FL 3305

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 x [signature] 22 JAN 96
Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GAITHER, PAUL E	
STREET ADDRESS	12600 NW 13 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	XX Change ☐ Addition
1.2 NAME	GAITHER, PAUL E	
1.3 STREET ADDRESS	12970 PORT SAID ROAD	
1.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	
2.1 TITLE	VICE PRESIDENT	☐ Change XX Addition
2.2 NAME	GAITHER, TIMOTHY E.	
2.3 STREET ADDRESS	12970 PORT SAID ROAD	
2.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	
3.1 TITLE	SECRETARY	☐ Change XX Addition
3.2 NAME	JACKSON, BARBARA L.	
3.3 STREET ADDRESS	12970 PORT SAID ROAD	
3.4 CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	100001758111	
4.4 CITY-ST-ZIP	-03/26/96--01141--001	
5.1 TITLE	***208.75	☐ 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	3.26	
6.4 CITY-ST-ZIP		

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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)(k), 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: [signature] TIM GAITHER — 22 JAN 96 — 305 688-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #