FLORIDA PROFIT CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

DOCUMENT # 825939 (2)

1. Corporation Name

AIR-SHIELDS, INC.

FILED
95 JUL 11 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
330 JACKSONVILLE RD. WARMINSTER PA 18974	330 JACKSONVILLE RD. WARMINSTER PA 18974

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/24/1971

3a. Date of Last Report: 04/05/1994

4. FEI Number: 23-0664795 ☐ 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

C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	FRISK, CARLE	1.2 NAME	
STREET ADDRESS	330 JACKSONVILLE RD.	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	HATBORO PA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	TIBBLE, TIMOTHY H.	2.2 NAME	
STREET ADDRESS	66 SPRINGS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOYLESTOWN PA	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, GERRY	3.2 NAME	
STREET ADDRESS	330 JACKSONVILLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HATBORO PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	GRANITO, MARIA	4.2 NAME	
STREET ADDRESS	330 JACKSONVILLE RD.	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	HATBORO PA	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition
NAME	ASCHER, DAVID	5.2 NAME	
STREET ADDRESS	330 JACKSONVILLE RD.	5.3 STREET ADDRESS	140 E. Ridgewood Ave
CITY-ST-ZIP	HATBORO PA	5.4 CITY-ST-ZIP	Paramus NJ 07652
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	COHEN, ARIE	6.2 NAME	
STREET ADDRESS	330 JACKSONVILLE RD.	6.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	HATBORO PA	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: X G. J. O'Neill 6/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

G. J. O'Neill

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