

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathhart  
Secretary of State  
Tallahassee, Florida 32399-0400

**APPROVED  
AND  
FILED**

95 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99664** (7)  
1. Corporation Name  
**AIR/CHANGER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3255 N.W. 68TH ST  
P.O. BOX 68-1219  
MIAMI FL 33147  
US**

Mailing Address: **P.O. BOX 68-1219  
MIAMI FL 33160  
US**

3. Date incorporated or Qualified: **09/15/1982** 3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FET Number: **59-2243120** Applied For:  Not Applicable

21. State, Apt. #, etc. 26. State, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23. City & State 28. City & State

8. This corporation has liability for intangible tax under Chapter 193 Florida Statutes:  Yes  No

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent  
**PLUMMER, JAMES L.  
2130 N.W. 107TH ST.  
MIAMI FL 33167**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME: <b>D PLUMMER, CLYDE RUTH</b>	12.2 STREET ADDRESS: <b>2130 NW 107TH ST MIAMI FL</b>
12.3 NAME: <b>PD PLUMMER, JAMES L.</b>	12.4 STREET ADDRESS: <b>2130 NW 107TH ST MIAMI FL</b>
12.5 NAME:	12.6 STREET ADDRESS:
12.7 NAME:	12.8 STREET ADDRESS:
12.9 NAME:	12.10 STREET ADDRESS:
12.11 NAME:	12.12 STREET ADDRESS:
12.13 NAME:	12.14 STREET ADDRESS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME:	13.2 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME:	13.4 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME:	13.6 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME:	13.8 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 NAME:	13.10 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME:	13.12 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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)(b) 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. 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 on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (305) 693 4600