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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F99664

(7)

1. Corporation Name
AIR/CHANGER, INC.

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 33168-1219
US



2. Principal Place of Business

21 3255 N.W. 68 ST
Suite, Apt. #, etc.

22

City & State

23 MIAMI FLA

Zip

24 23147

Country

25 Dade

2a. Mailing Address

26 P.O. Box 68-1210
Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLA

Zip

29 33168

Country

30 Dade

3. Date Incorporated or Qualified

09/15/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2243120

Applied For

Not Applicable

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

PLUMMER, JAMES L.
2130 N.W. 107TH ST.
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name

James L. Plummer

82 Street Address (P.O. Box Number is Not Acceptable)

2130 N.W. 107 ST

83

84 City

MIAMI

FL

85 Zip Code

33167

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

James L. Plummer

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 27 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PLUMMER, CLYDE RUTH
STREET ADDRESS
2130 NW 107TH ST
CITY- ST- ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
PLUMMER, JAMES L
STREET ADDRESS
2130 NW 107TH ST
CITY- ST- ZIP
MIAMI FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ 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

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 27 1997

Date

306 493 4600

Daytime Phone #

CR2E034 (9/96)