FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:51

DOCUMENT # G83286 (6)

1. Corporation Name
C-AIR ENTERPRISES, INC.

Principal Place of Business
2435 ROSA LANE
PUNTA GORDA FL 33950

Mailing Address
2435 ROSA LANE
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1984
3a. Date of Last Report: 01/21/1994

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

4. FEI Number: 59-2377883 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. Does corporation has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
HETTICH, EMIL C.
2435 ROSA LANE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 resident agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HETTICH, EMIL C.
STREET ADDRESS	2435 ROSA LANE
CITY ST ZIP	PUNTA GORDA FL
TITLE	ST
NAME	HETTICH, GRACE M.
STREET ADDRESS	2435 ROSA LANE
CITY ST ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1994

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 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 and force as 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 of changed by other attachment with an address.

SIGNATURE: Emil C. Hettich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

813/639-2268
Daytime Phone #

0320517 CP