

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 19 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *J 00912*

1. Corporation Name

CORAL AIRE, INC.

200001517952
-06/20/95--01101--009

DO NOT WRITE IN THIS SPACE ***225.00

Principal Place of Business Mailing Address same
12298 Wiles Road
Coral Springs, Fl 33076

3. Date Incorporated or Qualified 2/25/86
3a. Date of Last Report

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

4. FEI Number Applied For
59-2640708 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

10. Name and Address of New Registered Agent

Lindstrom, Carl E.
12298 Wiles Road
Coral Springs, Fl 33076

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindstrom, Bradley C.	1.2 NAME	Lindstrom, Deborah
STREET ADDRESS	12298 Wiles Road	1.3 STREET ADDRESS	12298 Wiles Road
CITY ST ZIP	Coral Springs, Fl 33076	1.4 CITY ST ZIP	Coral Springs, Fl 33076
TITLE	D/P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindstrom, Carl	2.2 NAME	
STREET ADDRESS	12298 Wiles Road	2.3 STREET ADDRESS	
CITY ST ZIP	Coral Springs, FL	2.4 CITY ST ZIP	
TITLE	D/V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindstrom, Jeffrey C.	3.2 NAME	
STREET ADDRESS	12298 Wiles Road	3.3 STREET ADDRESS	
CITY ST ZIP	Coral Springs, FL	3.4 CITY ST ZIP	
TITLE	D/V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindstrom, Douglas	4.2 NAME	
STREET ADDRESS	12298 Wiles Road	4.3 STREET ADDRESS	
CITY ST ZIP	Coral Springs	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

*6/19/95
MLB*

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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Carl E. Lindstrom* CARL E. LINDSTROM President 6/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date (Type)