FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Oct 04 1996 8:00 am
Secretary of State

DOCUMENT # **J69371** **(9)**

1. Corporation Name
AIR MASTERS, INC.

Principal Place of Business	Mailing Address
C/O JAMES R MEROLA PA 11380 PROSPERITY FARMS RD SUITE 204 PALM BEACH GARDENS FL 33410 US	C/O JAMES R MEROLA PA 11380 PROSPERITY FARMS RD SUITE 204 PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: **04/27/1987**
3a. Date of Last Report: **05/19/1995**
4. FEI Number: **65-0040257** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

MEROLA, JAMES R.
SUITE 204 PROSPERITY GARDENS
11380 PROSPERITY FARMS RD
PALM BEACH GARDENS FL 33410

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 607.1506, 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 _____ (If the Registered Agent is a corporation, the signature must be that of an officer.) DATE

12. OFFICERS AND DIRECTORS			13. (DELETE OR CHANGE OFFICERS OR DIRECTORS ONLY)	
TITLE	D	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	BIMBO, ANGELO		12 NAME	
STREET ADDRESS	421 INGLEWOOD DR.		13 STREET ADDRESS	6258 Sugarcane Lane
CITY-ST-ZIP	PALM SPRINGS FL		14 CITY-ST-ZIP	Lake Worth, Fl. 33467-5832
TITLE	D	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	BIMBO, NORMA		22 NAME	
STREET ADDRESS	421 INGLEWOOD DR.		23 STREET ADDRESS	6258 Sugarcane Lane
CITY-ST-ZIP	PALM SPRINGS FL		24 CITY-ST-ZIP	Lake Worth, Fl. 33467-5832
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

($ Deposited 7-18-95 Applied to '96 Filing. SCC 10-4-96)

CR2E034 (12/95)

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 13 above, or on an attachment with all other like empowered.

Angelo J. Bimbo 10-1-96 (407) 640-1541 W 753-0659 H

SIGNATURE: Angelo J. Bimbo, Director 3/24/96 (407) 640-1541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number