

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1995 7-6-95 6-7-674- NC

DOCUMENT # K42842

(0)

1. Corporation Name

AIR-TOOL SERVICES INC.

Principal Place of Business

**6080 N.W. 44TH STREET
LAUDERHILL FL 33319-4473**

Mailing Address

**6080 N.W. 44TH STREET
LAUDERHILL FL 33319-4473**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0080009

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Has the Corporation's Name Changed Since Last Report?

☐ **\$5.00 May Be
Added to Fees**

8. This Corporation has liability for penalties for under \$ 100,000.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Subst. Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Subst. Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**SUNDHEIM, JACK
6080 N.W. 44TH STREET
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY & STATE

12.5 ZIP

12.6 COUNTRY

12.7 TITLE

12.8 NAME

12.9 STREET ADDRESS

12.10 CITY & STATE

12.11 ZIP

12.12 COUNTRY

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY & STATE

12.17 ZIP

12.18 COUNTRY

12.19 TITLE

12.20 NAME

12.21 STREET ADDRESS

12.22 CITY & STATE

12.23 ZIP

12.24 COUNTRY

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY & STATE

12.29 ZIP

12.30 COUNTRY

13. ADDITIONAL INFORMATION

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 ZIP

13.6 COUNTRY

13.7 TITLE

13.8 NAME

13.9 STREET ADDRESS

13.10 CITY & STATE

13.11 ZIP

13.12 COUNTRY

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY & STATE

13.17 ZIP

13.18 COUNTRY

13.19 TITLE

13.20 NAME

13.21 STREET ADDRESS

13.22 CITY & STATE

13.23 ZIP

13.24 COUNTRY

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY & STATE

13.29 ZIP

13.30 COUNTRY

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)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my representative shall have the same legal effect as if personally made with 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:

Jack W. Sundheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95 305 484 0425
DATE TELEPHONE