

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M13874** (6)

1. Corporation Name
CEL-AIR, INC.



Principal Place of Business

Mailing Address

~~2454 W OAKLAND PK BLVD.~~
~~FT LAUDERDALE FL 33311~~

~~2454 W OAKLAND PK BLVD.~~
~~FT LAUDERDALE FL 33311~~

3. Date Incorporated or Qualified
04/12/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2300 W. Oakland Park Blvd.**

26 **2300 W. Oakland Park Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 300**

27 **Suite 300**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33311**

25 **USA**

29 **33311**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICCININI, ALFRED
2454 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

81 Name **AL Piccininni**
82 Street Address (P.O. Box Number is Not Acceptable)
2300 W. Oakland Park Blvd.
83 **Suite 300**
84 City **Ft. Lauderdale FL**
85 Zip Code **33311**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BERCUN, MICHAEL**
STREET ADDRESS **1825 NE 117 ROAD**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **TID Bercun, Michael**
1.3 STREET ADDRESS **1825 NE 117 Road**
1.4 CITY-ST-ZIP **North Miami, FL 33181**

TITLE ☐ DELETE
NAME **VPD FITZGERALD, ROBERT**
STREET ADDRESS **3551 SW 116 AVE.**
CITY-ST-ZIP **DAVE FL 33325**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD PICCININI, ALFRED**
STREET ADDRESS **5821 NW 79 WAY**
CITY-ST-ZIP **PARKLAND FL 33067**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PID Piccininni, Alfred**
3.3 STREET ADDRESS **5821 NW 79 Way**
3.4 CITY-ST-ZIP **Parkland, FL 33067**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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 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

Alfred Piccininni 4/26/96 (954) 486-7300

CR2E034 (12/95)