

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M13874** (6)

1. Corporation Name  
**CEL-AIR, INC.**

Principal Place of Business  
**2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311  
US**

Mailing Address  
**2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311-1418  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**04/12/1985**

3a. Date of Last Report  
**05/01/1996**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2498250**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

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

**PICCININI, ALFRED  
2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERCUN, MICHAEL</b>	
STREET ADDRESS	<b>1825 NE 117 ROAD</b>	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PICCININI, ALFRED</b>	
STREET ADDRESS	<b>5821 NW 79 WAY</b>	
CITY - ST - ZIP	<b>PARKLAND FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PICCININI, ALFRED</b>	
STREET ADDRESS	<b>5821 NW 79 WAY</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33067</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>T, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bercun, Michael</b>	
1.3 STREET ADDRESS	<b>1825 NE 117 Road</b>	
1.4 CITY - ST - ZIP	<b>North Miami, FL 33181</b>	
2.1 TITLE	<b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Piccinini, Alfred</b>	
2.3 STREET ADDRESS	<b>5821 NW 79 Way</b>	
2.4 CITY - ST - ZIP	<b>Parkland, FL 33067</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>VP, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Fitzgerald, Robert</b>	
4.3 STREET ADDRESS	<b>3551 SW 116 Ave.</b>	
4.4 CITY - ST - ZIP	<b>Davie, FL 33325</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 this 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 Piccinini** 4/22/97 (954) 486-7300

Date

Daytime Phone #

0269118

CR2E034 (9/96)