

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 21 PM 4:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # M51899 (6)
1. Corporation Name
COMMERCIAL AIR TECH, INC.

Principal Place of Business Mailing Address
C/O SAM A. VALLETTI, JR.
3200 N. OCEAN DRIVE SUITE #403
HOLLYWOOD FL 33019
C/O SAM A. VALLETTI, JR.
3200 N. OCEAN DRIVE SUITE #403
HOLLYWOOD FL 33019

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

3. Date Incorporated or Qualified 3a. Date of Last Report
05/11/1987 03/21/1994
4. FEI Number Applied For
59-2801225 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
VALLETTI, SAM A., JR.
3200 N. OCEAN DRIVE
SUITE #403
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name VIRGINIA M. VALLETTI
82 Street Address (P.O. Box Number is Not Acceptable)
3200 N. Ocean Dr., #403
83 Hollywood, FL 33019
84 City FL 85 Zip Code 33019

11. Pursuant to the provisions of Sections 607.0512 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 *Virginia M. Valletti* Virginia M. Valletti, C.E.O. 3/3/95
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALLETTI, SAM M., JR.
STREET ADDRESS	3200 N. OCEAN DR. #403
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TD
NAME	VALLETTI, VIRGINIA M.
STREET ADDRESS	3200 N. OCEAN DR. #403
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	C.E.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Valletti, Virginia M.	
2.3 STREET ADDRESS	3200 N. Ocean Dr., #403	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 amendment with an address.

SIGNATURE: *Virginia M. Valletti* 3/3/95 305 966-1155
VIRGINIA M. VALLETTI, C.E.O. Date Daytime Phone #