

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36903 (5)
1. Corporation Name
INDUSTRIAL COMPRESSOR DISTRIBUTOR ASSOCIATION, I NC.

Principal Place of Business
**22071 US HWY. 19 N.
CLEARWATER FL 34625
US**

Mailing Address
**22071 US HWY. 19 N.
CLEARWATER FL 34625
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1990		3a. Date of Last Report 04/04/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 31-1059147		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEAGHER, SHERRIE 22071 US HWY. N. CLEARWATER FL 34625				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable) 22071 US HWY 19 N.			
				83. City			
				84. State FL 85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sherrie Meagher* (NOTE: Registered Agent signature required when reinstating) **April 10, 1996** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFFEL, LOU	1.2 NAME	
STREET ADDRESS	5930 1ST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, ED	2.2 NAME	
STREET ADDRESS	1907 SALT CR. HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILLS WY	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMORROW, ED	3.2 NAME	
STREET ADDRESS	5401 S 72ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	OMAHA
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, JOHN	4.2 NAME	
STREET ADDRESS	803 PRESSLEY ROAD, #105	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSMISSELL, STEVE	5.2 NAME	600001786588
STREET ADDRESS	121 ROYAL DRIVE	5.3 STREET ADDRESS	-04/19/96--01012--030
CITY-ST-ZIP	FOREST PARK GA	5.4 CITY-ST-ZIP	***61.25
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, LARRY	6.2 NAME	Gordon Gunning
STREET ADDRESS	4851 E DATE AVE	6.3 STREET ADDRESS	205 South River Drive
CITY-ST-ZIP	FRESNO CA	6.4 CITY-ST-ZIP	Tempe, AZ 85281

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steve Rusmisse* **4/12/96 404-363-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)