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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P92000002936	(2)
1 Cornoration Name		. /

CORNERSTONE AIR SYSTEMS, INC.



Principal Place of	of Business	Maling Address			1			
22646 VISTAN		22646 VISTAWOOD W BOCA RATON FL 334						
BOCA RATON FL 33428		BOOM RATOR PL 304	120		3. Date Incorporated or Qualified	3a. Date	of Last	Report .
				11/03/1992	04/25/1995			
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Nuniber			Applied For
		26			65-0369561			Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc		5. Gertificate of Status Desired		<b>\$8.75</b> Additional Fee Required		
City & State		Oity & State		····· · •	6. Election Campaign Financing		\$5.	<b>00</b> May Be
3		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for i		under	s 199.032,
<u> </u>	25	29	30		Florida Statutes Yes  10. Name and Address of New R	No No		
	9. Name and Address of Currer	nt Registered Agent		Name	10. Name and Adoress of New h	egistered A	gent	
•								
	, ROBERT S		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	ISTAWOOD WAY ATON FL 33428		83	ļ	- IM W			
• BOOK IV	ATON PL 33428						les I	Zu. Codo
			84	City		FI.	85	Zip Code
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECT  Original	
	Signative typed or proted national investmentage of OFFICERS AN		an ti Frankred Agr		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
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NAME			6.2 NAME		6000018: -06/03/9601:	0210	13	
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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 suppliemental 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 or an attachment with an address.

SIGNATURE: 

SIGNATURE: 

SIGNATURE: 

AUT - 477 - 9877 

Maylet Via Feleval Express