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 FEB 14 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001407485
-02/16/95--01020--016
****200.00 ****200.00

DOCUMENT # **P93000048508 (4)**

1. Corporation Name
FLORIDAIR INC.

Principal Place of Business	Mailing Address
BOX 61503 FT MYERS FL 33906	BOX 61503 FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **07/12/1993**
3a. Date of Last Report: **02/23/1994**
4. FEI Number: ~~APPLIED FOR~~ 65-0470936 ☐ Applied For ☐ 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

FRIEDMAN, M.
%FT. MYERS AIRWAYS
PAGE FIELD
FT. MYERS FL 33906

10. Name and Address of New Registered Agent

81 Name: FRIEMANN, M.
82 Street Address (P.O. Box Number is Not Acceptable): % FT MYERS AIRWAYS
83: PAGE FIELD
84 City: FT MYERS **FL** 85 Zip Code: 33906

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: _____ 1-20-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDSBERGER, P. %DER, EMIL V. BEHRING STR 6 6000 FRANKFURT GERMANY	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D K PARMES, J. 4305 REDWOOD AVE. #8 MARINA DEL REY CA 90292	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODRUFF, H. 24817 FOOT HILL DR. NORTH GOLDEN CO 80401	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S K HAMPEL, U. BOX 303 N/A EL SEGUNDO CA 90245	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C FRIEDMAN, M. FRIEMANN BOX 61503 N/A FT. MYERS FL 33906	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBLER, K %FT. MYERS AIRWAYS, DANLEY DR. PAGE FIELD FT. MYERS FL 33906	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 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: _____ 1-20-95 813-5496669
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

2WAS

0448083 FP