

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015655 (0)

1. Corporation Name

ALL AIR REPAIR INC.



Principal Place of Business

Mailing Address

2311 N.W. 63 AVE.
SUNRISE FL 33313

2311 N.W. 63 AVE.
SUNRISE FL 33313

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 HCR 3 Box 715

4. FEI Number

65-0579398

Applied For

Not Applicable

22 City & State

27 City & State

23 Satsuma

28 Satsuma

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

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

GRAY, GARY
2311 N.W. 63 AVE.
SUNRISE FL 33313

81 Name

GARY GARY

82 Street Address (P.O. Box Number is Not Acceptable)

HCR Box 715

83

84 City

Satsuma

FL

85 Zip Code

32184-9023

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 date, if applicable)

(NOTE: Registered Agent signature required when reinstating)

8-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRAY, GARY
2311 N.W. 63 AVE.
SUNRISE FL 33313

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

D
GARY GARY
HCR Box 715
Satsuma FL 32184-9023

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96

904 649-9100

CR2E034 (3/96)