


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056725

1. Corporation Name
AIRMATIC CONTROLS, INC.



Principal Place of Business 2040 GRANT ST. HOLLYWOOD FL 33023	Mailing Address 2040 GRANT ST. HOLLYWOOD FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6851 SW 21ST COURT Suite, Apt. #, etc. 22 UNIT #1 City & State 23 DAVIE, FL Zip 24 33317	2a. Mailing Address 26 6851 SW 21ST COURT Suite, Apt. #, etc. 27 UNIT #1 City & State 28 DAVIE, FL Zip 29 33317	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 07/21/1995	4. FEI Number 65-0603737	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DOLAN, JUDITH A ESQ.
8910 MIRAMAR PARKWAY STE 308
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name RIVERO, MARY JO P.A.	85 Zip Code 33021
82 Street Address (P.O. Box Number is Not Acceptable) 3 S.W. 129 AVE.	
83 SUITE 208	
84 City PEMBROKE PINES FL	

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 *Mary Jo Rivero*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/7/99

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, ROBERT	
STREET ADDRESS	13140 SW 33 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HACKWORTH, RANDALL M	
STREET ADDRESS	11801 SW 51ST CT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRIS, ROBERT S.	
1.3 STREET ADDRESS	13140 SW 33 CT.	
1.4 CITY-ST-ZIP	DAVIE, FL 33330	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARROW-HARRIS, LAURIE A.	
2.3 STREET ADDRESS	13140 SW 33 CT.	
2.4 CITY-ST-ZIP	DAVIE, FL 33330	
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *R. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (954) 370-7282
Date Daytime Phone #

CR2E034 (11/98)