

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V25059** (9)

1. Corporation Name

SOUTH FLORIDA AIR SYSTEMS, INC.



Principal Place of Business

**8362 PINES BLVD.
SUITE 389
PEMBROKE PINES FL 33024
US**

Mailing Address

**8362 PINES BLVD.
SUITE 389
PEMBROKE PINES FL 33024
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0330005

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

10. Name and Address of New Registered Agent

**VIGLIOTTI, LEONARD A
5018 HAYES ST
HOLLYWOOD FL 33021**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or Principal Officer and the date)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**P
TILLMAN, JAMES M
1170 NW 79 TERRACE
PAMBROKE PINES FL**

2. TITLE ☐ DELETE

**VP
VIGLIOTTI, LEONARD A
5018 HAYES ST.
HOLLYWOOD FL**

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

15. TITLE ☐ DELETE

16. TITLE ☐ DELETE

17. TITLE ☐ DELETE

18. TITLE ☐ DELETE

19. TITLE ☐ DELETE

20. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY - ST - ZIP

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY - ST - ZIP

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY - ST - ZIP

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY - ST - ZIP

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY - ST - ZIP

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY - ST - ZIP

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY - ST - ZIP

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

SIGNATURE:

Leonard A. Vigliotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard A. Vigliotti
(Typed Name)

1-29-96

**(954)
987-9155**

CR2E034 (12/95)