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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

550090

(5)

COMPRESSED AIR SYSTEMS, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

						<u> </u>	
Principal Place of Business Mailing Address					I (BRIBI BIIRI BIIII BBIII EBHO IBIII ABII DIDII BIO		
9303 STANNUM STREET TAMPA FL 33619		9003 STANNUM STREET TAMPA FL 33619				DO NOT WRITE IN THIS	SPACE
US		US	US			3. Date Incorporated or Qualified	
						10/25/1977	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26	26			59-1778823	Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	97			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & S	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country Zip		├ ─┐	Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30		1	Personal Property Tax due June 30. Yes			
Name and Address of Current Registered Agent					81 Name		
MANEY, DAVID A.							
SUITE 2919, FIRST FINANCIAL TOWER				62	Street Add	dress (P.O. Box Number is Not Acceptable)	
I IAI	MPA FL 33602			83			
]							
				84	Çity		85 Zip Code
11 Pursuant	to the provisions of Sections 607 (0502 and 607 1508	Florida Statutes, the	abov	e-named cor		
office or i	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida, Such	change was author	zed by	/ the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointmerit as registered
	ин т а нниаг w ин, ан о а ссерт те од	iligations or, section	1 007.0305, Florida c	olalulo.	5.		
SIGNATURE	Stonature, typed or printed name of registered	agent and title if applicable	u (NOTE: Regis	tered Age	ant signature requ	uired when reinstating) DATE	
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PO		DELETE 1.	1 TITLE			Change Addition
NAME	HALL, RICHARD G.		1.	2 NAME			
STREET ADDRESS	6806 VALERIE LANE		1.	.3 \$1REE1	T ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL			4 CITY-5	IT-ZIP		
TITLE	VO		DELETE 2.	1 TITLE			Change Addition
NAME	FREEMAN, WALTER H.		2.	2 NAME			
STREET ADDRESS	3004 ROLLING ACRES PLA	/CE			ADDRESS		
CITY-ST-ZIP	VALRICO FL			4 CITY-	ST-ZIP		Change Addition
TITLE	\$D			.1 TITLE			Change Addition
NAME	HALL, NANCY A.			.2 NAME	I ADDRESS		
STREET ADDRESS	208 N.E. 1ST STREET						
CITY-ST-ZIP TITLE	MULBERRY FL			.4. CITY - .1 TITLE	51-214		Change Addition
NAME	MALL DEGGY !			. 2 NAME			
STREET ADDRESS	HALL, PEGGY J. 6806 VALERIE LANE		1		I ADDRESS		
	RIVERVIEW FL			.4 CITY - S			
CITY-ST-ZIP TITLE	(MATUAITAL L			1 TITLE	11 411		Change Addition
NAME			_	2 NAME			
STREET ADDRESS					I ADDRESS		
CITY-ST-ZIP				.4 CITY - 9			
TITLE	<u> </u>			.1 TITLE			Change Addition
NAME				2 NAME			
STREET ADDRESS					T 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.