

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000053595 (2)**

1. Corporation Name

CLEAN AIR TECHNOLOGIES - HVACR, INC.



Principal Place of Business

Mailing Address

**841 S. E. CAVERN AVENUE
PORT ST. LUCIE FL 34983**

**841 S. E. CAVERN AVENUE
PORT ST. LUCIE FL 34983**

2. Principal Place of Business

21 **1578 Niemeyer Cir**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1578 Niemeyer Cir**
Suite, Apt. #, etc.

22 City & State

23 **PORT ST LUCIE**

27 City & State

28 **PORT ST LUCIE**

24 Zip

34952

Country

ST LUCIE

29 Zip

34952

Country

ST LUCIE

9. Name and Address of Current Registered Agent

**ALMEIDA, JEFFREY
841 S. E. CAVERN AVENUE
PORT ST. LUCIE FL 34983**

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0506464

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

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 607.1508, 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 filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
JEFFREY ALMEIDA
841 SE CAVERN AVE
PORT ST LUCIE FL**

TITLE ☐ DELETE

**D
JOYCE ALMEIDA
841 SE CAVERN AVE
PT. ST. LUCIE FL**

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Jeffrey Almeida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

407 335-2061

Daytime Phone #

CR2E034 (12/95)