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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1578 NIEMEYER CR
PT ST LUCIE FL 34952
US

1578 NIEMEYER CR
PT ST LUCIE FL 34952
US

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 1578 NIEMEYER CR

26 1578 NIEMEYER CR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PT ST LUCIE FL

28 PT ST LUCIE FL

Zip

Country

Zip

Country

24 34952

25 US

29 34952

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name JEFFREY ALMEIDA

82 Street Address (P.O. Box Number is Not Acceptable)
753 SE ESSEX DR

83

84 City PORT ST LUCIE

FL

85 Zip Code 34984

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

Jeffrey Almeida (NOTE: Registered Agent signature required when reinstating) DATE 1-31-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JEFFREY ALMEIDA
STREET ADDRESS 841 SE CAVERN AVE
CITY-ST-ZIP PORT ST LUCIE FL

1.1 TITLE P
1.2 NAME JEFFREY ALMEIDA
1.3 STREET ADDRESS 841 SE CAVERN AVE
1.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE D
NAME JOYCE ALMEIDA
STREET ADDRESS 841 SE CAVERN AVE
CITY-ST-ZIP PT. ST. LUCIE FL

2.1 TITLE D
2.2 NAME JOYCE ALMEIDA
2.3 STREET ADDRESS 841 SE CAVERN AVE
2.4 CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: JEFFREY ALMEIDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 561 335-2041
Date Daytime Phone #

0627019

CR2E034 (9/96)