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Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P95000015883 (8)

1. Corporation Name
ECO-AIRE COMPANY, INC.

Principal Place of Business	Mailing Address
2051 N.E. 191ST DRIVE NORTH MIAMI BEACH FL 33179	2051 N.E. 191ST DRIVE NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0569329 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEIKEN, JOSEPH M
2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THEODORE SHLISKY		1.2 NAME		
STREET ADDRESS	C/O 2051 N.E. 191ST DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH M. PEIKEN		2.2 NAME		
STREET ADDRESS	2051 NE 191ST DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVID MACK		3.2 NAME		
STREET ADDRESS	N 681 COWPATH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. ATKINSON WI		3.4 CITY-ST-ZIP		
TITLE	Jr	☐ DELETE	4.1 TITLE	JERRY NELSON PRES	☐ Change ☒ Addition
NAME			4.2 NAME	68 ZACHARIAH PLACE	
STREET ADDRESS			4.3 STREET ADDRESS	WARWICK, RI 02889	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	ROGER NELSEN VP SALES, MKT	☐ Change ☒ Addition
NAME			5.2 NAME	103 CAWLOR DRIVE	
STREET ADDRESS			5.3 STREET ADDRESS	TOLLAND, CT 06084	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	KEVIN WALTZER SOUTH TRANS	☐ Change ☒ Addition
NAME			6.2 NAME	75 LEE ST.	
STREET ADDRESS			6.3 STREET ADDRESS	BROOKLINE, MA 02146	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Joseph M. Peiken Joseph M. Peiken 4/9/98 305-937-1861