**FILED** 

Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90010 004 \*\*\*550.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000035348

1. Corporation Name

PURIFIED AIR, INC.

ADVANCED INTEGRATED SERVICES, INC.

<u> </u>			· ·	{	
Principal Place	of Business	Mailing Address			
9858 GLADES ROAD 9858 GLADES ROAD			•,		
		SUITE 501	2047	DO NOT WRITE IN 1	THIS SDACE
BOCA RATON FL 33434-3917 BOCA RATON FL 33434-3917			3917	3. Date Incorporated or Qualifed	HIS SPACE
		03		05/04/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6001	N.E. 14TH AVE.	26 6001 N.E.	LATH AVE.	65-0576089	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	9 - •	City & State	. —	6. Election Campaign Financing	\$5.00 May Be
<b>├</b>	LAUDERDALE, FL	28 FT. LAUDERI	DALE FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
333	34 <b>25</b> U.S.A.	<b>29</b> 33334	30 U.S.A.	Personal Property Tax.	☐ Yes
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
GAYS DENNIS GAYS, DENNIS					
92) Street Address				Address (P.O. Box Number is Not Acceptable)	<del></del>
9636 GLADES HOAD    600				N.E. 14TH AVE.	
SUITE 502 83					
BOCA RATON FL 33434-3917					as Zin Codo
84 City   FT. LAUI				LAUDERDALE	FL 85 Zip Code 333334
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					
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.					
	in lamillar with, and accept the obligation	113 OI, DECUON 007.0000, 1	konda Otgiatos.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating) DAT	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER:	
TITLE	VD	☐ DELETE	1.1 TITLE	D	K Change ☐ Addition
NAME	GAYS, DENNIS.		1.2 NAME	GAYS, DENNIS	
STREET ADDRESS	9858 GLADES ROAD, #502		1.3 STREET ADDRESS	6001 NE 14TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33434-3917		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	PD	<b>₹</b> DELETE	2.1 TÎTLE	P/D	Change X Addition
NAME	GAYS, JANICE		2.2 NAME	MATTHEW JONES	
STREET ADDRESS	9858 GLADES ROAD, #502		2.3 STREET ADDRESS	6001 NE 14TH AVE.	}
CITY-ST-ZIP	BOCA RATON FL 33434-3917		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE _		☐ DELETE	3.1 TITLE	D	Change X Addition
NAME			3.2 NAME	C. DAVID JONES	The second second second second
STREET ADDRESS	· -		3.3 STREET ADDRESS	6001 NE 14TH AVE.	
{			3.4. CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	D	Change 🔀 Addition
NAME		_ :	4. 2 NAME	C.E. JONES, JR.	
			4.3 STREET ADDRESS	6001 NE 14TH AVE.	
STREET ADDRESS	<u>.</u>		1		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

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 officer or director of the corporation or Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

REQUIRMatthew W. Jones

DELETE

□ DELETE

7/20/99

(95)491-6660

☐ Change

☐ Change

☐ Addition

☐ Addition