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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000048754 (2)

FILED
May 01 1997 8:00am
Secretary of State

AIRCARE	PRODUCTS & SERVI	CES, INC.		, 		10111 		
Principal Place	of Business	Mailing Address			I TERRADOL LIVE I LICEN BANK BOKK) ## [1]	I BITEL MANY BIAN E Y	Lini 1 01 d i 1 1111	BIGI 1886
101 N.E. 3RD RD. 101 N.E. 3RD RD. HOMESTEAD FL 33030-6124								
					3. Date incorporated or Qualifie 06/22/1995		te of Last R 3/1996	eport
······································	ace of Business	28. Mailing Address			4. FÉI Number		<u> </u>	plied For
21 56 Suite, Apt.	N.W. 1 St.	26 56 N.W. Suite, Apt. #, etc			65-0589216			ot Applicable
22]	#, QIC	27 Saite, Apr. #, etc.	•		5. Certificate of Status Desired			Additional equired
City & State)	City & State			6. Election Campaign Financing		\$5.00	
23 Hom	estead, Fl.	28 Homeste	ad, Fl	•	Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip		intry	8. This corporation has liability			. 199.032,
330		29 33030	30	ı——————	Florida Statutes	Yes [
	9. Name and Address of	Current Registered Agent		81 Name	10. Name and Address of New	Registered A	agent	
	RILAWYER CHARTERED			Name				
	ALMERIA AVENUE			82 Street Add	dress (P.O. Box Number is Not Acce	otable)		
COR	AL GABLES FL 33134		İ	83				·
				84 City		FL	85 Zip	Code
	to the provinces of Castings 6	07.0602 and 607.1508. Florida S	tatutos the a	hove-named for	rooration submits this statement for I		changing li	le ranjetarad
- 15 Pareciant t					iporation subitate this statement for t	io purpose or	ointment se	registered
11. Pursuant t office or re	egistered agent, or both, in the	e State of Florida. Such change v	was authorize	d by the corpora	ation's board of directors. I hereby ac	cept the app	Ullim Dill do	
11. Pursuant t office or re agent Lar	egistered agant, or both, in the m familiar with, and accept the	07.0502 and 607.1508, Florida S e State of Florida. Such change v e obligations of, Section 607.050	was authorize 5, Florida Sta	d by the corpora tutes.	ation's board of directors. I hereby a	cept the app	onninoni as	
SIGNATURE							oll minorit do	
SIGNATURE	Signature, typed or printed name of ruge				ation's board of directors. I hereby ad ulred when reinstating) ADDITIONS/CHANGES TO O	DATE		
SIGNATURE	Signature, typed or jainled name of ruges OFFICE	dered agent and title it applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)	DATE		
SIGNATURE	Signature, typed or jainlad name of ruges OFFICE	fored agent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE. 12. TITLE	Signature, typed or jainled name of ruges OFFICE	fored agent and title if applicable.	(NOTE: Registere 13. 1.1 Ti 1.2 No	d Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO O	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TIPLE NAME STREEF ADDRESS	Signature, typical or jarned name of rages OFFICE PSD VIERGUTZ, TOM 101 N.E. 3RD RD.	fored agent and title if applicable.	(NOTE Registere 13. 1.1 Ti 1.2 N. 1.3 Si	d Agent signature required. TLE AME TREET ADDRESS	ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECTOR	RS IN 12
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SIGNATURE 12. II'lE NAME STREEL ADDRESS CITY - SL-ZiP	Signature, typed or ja read name of rages OFFICE PSD VIERGUTZ, TOM 101 N.E. 3RD RD. HOMESTEAD FL 33030 VTD	Need agent and tille if applicable. RS AND DIRECTORS DELETE	(NOTE Registere 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	d Agent eigneture requirements TLE AME TREET ADDRESS ITY-ST-ZIP TLE	ADDITIONS/CHANGES TO O	DATE FFICERS AND 33030	DIRECTOR	RS IN 12
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4. To hereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further being does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further being that the information indicated on this annual report or supplemental annual report is true and decurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the complication or the received or truevee empowerer to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if granged, or on an attraction of the complete state of the comp

SIGNATURE

LE AND TYPED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR

4-23-97

248.5900