

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 # **350974** (2)

1. Corporation Name

AIRKEM PROFESSIONAL PRODUCTS OF MIAMI, INC.

Principal Place of Business

**549 BURLINGTON ST.
OPALOCKA FL 33054
US**

Mailing Address

**PO BOX 995
P.O. BOX 995
OPALOCKA FL 33054
US**



3. Date Incorporated or Qualified
08/19/1969

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1270299

Applied For

Not Applicable

22

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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29

26

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JANGIE, JOSEPH G
1521 NW 114TH AVE
PEMBROKE PINES, FL
33026**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS ☐ DELETE

NAME **JANGIE, PATRICIA**
STREET ADDRESS **1521 N W 114TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE PTM ☐ DELETE

NAME **JANGIE, JOSEPH**
STREET ADDRESS **1521 N W 114TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)