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Feb 04 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 # 580636 (9)

1. Corporation Name
TOTAL AIR PRODUCTS, INC.

Principal Place of Business
553 N.W. 65TH COURT
FT. LAUDERDALE FL 33309

Mailing Address
553 N.W. 65TH COURT
FT. LAUDERDALE FL 33309-6107

3. Date Incorporated or Qualified
07/28/1978

3a. Date of Last Report
06/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1848552

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSTROM, ANN D
1301 N. RIVERDALE DRIVE
UNIT #11
POMPANO BEACH FL 33062

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]*

1/28/97

Signature typed or printed (name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LINDSTROM, ANN D
STREET ADDRESS 1301 N RIVERSIDE DR., UNIT 11
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME MORTON, LORI
STREET ADDRESS 3530 N. W. 95TH TERRACE
CITY-ST-ZIP SUNRISE, FL 33351

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME SHORE, VICKI A
STREET ADDRESS 5860 LEITNER DRIVE WEST
CITY-ST-ZIP WHISPERING WOODS FL

3.1 TITLE VD
3.2 NAME SHORE, VICKI A
3.3 STREET ADDRESS 8611 NW 60th Court
3.4 CITY-ST-ZIP PARKLAND, FL 33067

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:

[Signature]
ANN D. LINDSTROM, PRESIDENT

1/28/97

954-771-5500

Date

Daytime Phone #

0266058

CR2E034 (9/96)