SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Sep 15 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 # **F00119** **(0)**

1. Corporation Name
ALTAIR ENVIRONMENTAL GROUP, INC.

Principal Place of Business	Mailing Address
710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146	710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1980	3a. Date of Last Report: 05/09/1996
4. FEI Number: 59-2029147	☐ 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	

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

9. Name and Address of Current Registered Agent

FOULDS, RALPH H
710 SOUTH MILWEE ST
LONGWOOD FL 32750

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STRINGHAM, JERRY M.		1.2 NAME	JUDITH H. THOMPSON	
STREET ADDRESS	47 LANCASHIRE DRIVE		1.3 STREET ADDRESS	210 PINE COVE LANE	
CITY-ST-ZIP	MANSFIELD MA		1.4 CITY-ST-ZIP	LONGWOOD FL, 32779	
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RALPH FOULDS		2.2 NAME		
STREET ADDRESS	632 WOODRIDGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FERN PARK FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAYTON, DONALD		3.2 NAME		
STREET ADDRESS	108 CENTENNIAL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASSINI, CHARLES		4.2 NAME		
STREET ADDRESS	2341 KNOLLS VIEW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCHENECTADY, NY 00000		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	LAYTON, DONALD		5.2 NAME	James Manogue	
STREET ADDRESS	7732 LINARIA DR		5.3 STREET ADDRESS	7732 Linaria Dr.	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	S	☐ DELETE	6.1 TITLE	VP S D	☒ Change ☐ Addition
NAME	THOMPSON, BRIAN		6.2 NAME	THOMPSON, BRIAN	
STREET ADDRESS	210 PINE COVE LANE		6.3 STREET ADDRESS	117 MOCKING BIRD LA.	
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP	WINTER SPRINGS FL. 32708	

CR2E034 (4/97)

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: Ralph H Foulds RALPH H. FOULDS 407 339 7134