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Mar 18 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 # **F94000003096 (4)**

1. Corporation Name

AIR RESEARCH INTERNATIONAL CORPORATION

Principal Place of Business

7599 CURRENCY DR
ORLANDO FL 32809
US

Mailing Address

7599 CURRENCY DR
ORLANDO FL 32809-6982
US



2. Principal Place of Business

21 5422 Carrier Drive

Suite, Apt. #, etc.

22 Suite 306

City & State

23 Orlando, FL 32819

Zip

Country

24 32819

25 Orange

2a. Mailing Address

26 5422 Carrier Drive

Suite, Apt. #, etc.

27 Suite 306

City & State

28 Orlando, FL 32819

Zip

Country

29 32819

30 Orange

9. Name and Address of Current Registered Agent

DRUMMOND, DOWER W
7599 CURRENCY DR
ORLANDO FL 32809

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

02/26/1996

4. FEI Number

52-1802859

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5422 Carrier Drive

83 Suite 306

84 City

Orlando

FL

85 Zip Code

32819

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DRUMMOND, DOWER W
STREET ADDRESS 7599 CURRENCY DR
CITY, ST, ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME D'AMBROSIO, ALEXANDRE S
STREET ADDRESS 1635 WEBSTER ST., NW
CITY, ST, ZIP WASHINGTON DC 20011

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Drummond, Dower W.
1.3 STREET ADDRESS 4776 Warrior Lane
1.4 CITY - ST - ZIP Kissimmee, FL 34746

☒ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)