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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003096 (4)

AIR RESEARCH INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address 5422 CARRIER DR. 5422 CARRIER DR. SUITE 308 ORLANDO FL 32819 SUITE 306 DO NOT WRITE IN THIS SPACE ORLANDO FL 32819 3. Date Incorporated or Qualified 06/14/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 52-1802859 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Country This corporation owes or has paid the current year Intangible 24 29 X Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRUMMOND, DOWER W 5422 CARRIER DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 306 83 ORLANDO FL 32819 84 City 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 Standard Applied in protect name of registered agent and late if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE ☐ Change Addition DRUMMOND, DOWER W NAME 12 NAME 4776 WARRIOR LANE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition D'AMBROSIO, ALEXANDRE S NAME 2 2 NAME 1635 WEBSTER ST., NW STREET ADDRESS 23 STREET ADDRESS **WASHINGTON DC 20011** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE Change 5.1 Title Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby certify that the information indicated on this annual report of sofficer or director of the corporation Block 12 or Block 13 if changed of ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

with this filing dozes not d

supplied

CITY-ST-ZIP

SIGNATURE:

FILED

Feb 10 1998 8:00am

Secretary of State