

**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 # G19008 (3)**

1. Corporation Name  
**CRESAIR, INC.**



Principal Place of Business  
**8260 PASADENA BLVD.  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**7501 PEMBROKE ROAD  
PEMBROKE PINES FL 33023  
US**

3. Date Incorporated or Qualified  
**01/13/1983**

3a. Date of Last Report  
**04/28/1995**

4. FEI Number  
**59-2265054**

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

2. Principal Place of Business  
21 **7501 PEMBROKE ROAD**

Suite, Apt. #, etc.  
22

City & State  
23 **Pembroke Pines, Fl.**

Zip  
24 **33023**

Country  
25 **Broward**

2a. Mailing Address  
26

Suite, Apt. #, etc.  
27

City & State  
28

Zip  
29

Country  
30

**9. Name and Address of Current Registered Agent**

**SIPLE, DONALD  
6756 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33024**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**7501 Pembroke Road**

83

84 City  
**Pembroke Pines,**

85 Zip Code  
**FL 33023**

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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SIPLE, DONALD</b>	
STREET ADDRESS	<b>2036 N.W. 180TH AVE.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>SIPLE, NORMA J</b>	
STREET ADDRESS	<b>2036 N.W. 180TH AVE.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	<b>SIPLE, MARK</b>	
STREET ADDRESS	<b>2525 MONROE ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1340 NW 161st Ave.</b>
3.4 CITY-ST-ZIP	<b>Pembroke Pine, Fl. 33028</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/96 951-981-1816**

CR2E034 (12/95)