


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G19008** (3)
1. Corporation Name
CRESAIR, INC.

Principal Place of Business 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023 US	Mailing Address 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1983	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2265054		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SIPLE, DONALD 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
85. Zip Code				FL	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2036 N.W. 180TH AVE.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	PEMBROKE PINES FL	2.1 TITLE	2.2 NAME
TITLE	STD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	SIPLE, NORMA J	3.1 TITLE	3.2 NAME
STREET ADDRESS	2036 N.W. 180TH AVE.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	PEMBROKE PINES FL	4.1 TITLE	4.2 NAME
TITLE	VPD	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME	SIPLE, MARK	5.1 TITLE	5.2 NAME
STREET ADDRESS	2525 MONROE ST.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	HOLLYWOOD FL	6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I 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: _____ DATE: 4/30/98

CR2E034 (10/97)