

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90111 032 \*\*\*158.75

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**DOCUMENT # G19008**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1983

4. FEI Number

59-2265054

Applied For

☒ Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

- Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

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  
7501 PEMBROKE ROAD  
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name

MARK SIPLE

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

7501 PEMBROKE RD.

83

84 City

PEMBROKE PINES

FL

85 Zip Code

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 **MARK SIPLE, PRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SIPLE, DONALD  
STREET ADDRESS 2036 N.W. 180TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE STD ☒ DELETE  
NAME SIPLE, NORMA J  
STREET ADDRESS 2036 N.W. 180TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VPD ☒ DELETE  
NAME SIPLE, MARK  
STREET ADDRESS 2525 MONROE ST.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES & STD ☒ Change ☐ Addition  
1.2 NAME MARK SIPLE  
1.3 STREET ADDRESS 1340 N.W. 161ST AVE.  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33028 ☐ Change ☒ Addition

2.1 TITLE TRES  
2.2 NAME IRIS SIPLE  
2.3 STREET ADDRESS 1340 N.W. 161ST AVE.  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33028 ☐ Change ☒ Addition

3.1 TITLE VP  
3.2 NAME DANIEL SIPLE  
3.3 STREET ADDRESS 1340 N.W. 161ST AVE.  
3.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33028 ☐ Change ☒ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE: **MARK SIPLE, PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 954-989-2210

CR2E034 (11/98)