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

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90226 017 ***150.00

DOCUMENT # **H20679**

1, Corporation Name

AUTO AIR TECH, INC.

Principal Place of Business										
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10018 SPANISH ISLES BLVD. 10018 SPANISH ISLES BLVD. BAY 58A BAY 58A										
BAY 58A BAY 58A BAY 58A BOCA RATON FL 33498						DO NOT WRITE IN THIS SPACE				
BOOK INTO IT SOURCE						3. Date Incorporated or Qualifed				
						09/10/1984			}	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
21	26					59-2452937		Not .	Applicable	
Suite, Apt. #	# etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Add			ditional	
22 = -		27	27			5. Certificate of Status Desired Fee Required				
City & State		City & State				6, Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution Added to Fees				
Zip Country		Zip				8. This corporation owes the current year Inta-	ngible			
24	25	29	30			T Clabital Troporty Text	☐ Yes		□No	
	9. Name and Address of Current					10. Name and Address of New Registered A	gent			
				81	Name				\$	
SVITA	AK, CHARLES J.			82	Street Address	ss (P.O. Box Number is Not Acceptable)				
9680	MAJESTIC WAY		· ·			SS (F.O. BOX Number is not Acceptable)				
BOY	NTON BEACH FL 33437		Ì	83						
	•	•	1				[]	7: 0		
	•			84	City	FL	85	Zip Ç	ode	
44 Dumunat	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statuti	es, the ab	ove	-named corpor	ration submits this statement for the numose of o	hangin	g its re	egistered	
office or re	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 ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Flo	nda Statu	ites.					i	
		AINTE	Desistand	Acont	signature required t	when reinstating) DATE				
	Signature, typed or printed name of registered agen		13.	-уон	signatura raquiros	ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOF	S IN 12	
	· · · · · · · · · · · · · · · · · · ·		-	1.1 TITLE		ADDITIONOLOUGH AND A CONTROL OF THE AND A CONTROL O	Cha		Addition	
1001	-			1.2 NAME					{	
<i>Æ</i> ⊤	SVITAK, CHARLES J.				ADDRESS					
FREET ADDRESS	9680 MAJESTIC WAY			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					ľ	
CITY-ST-ZIP	BOYNTON BEACH FL	☐ DELETE	2.1 TIT		-ZIP	And the state of t	Cha	nae	Addition	
TITLE	DV									
NAME "	STAFFORD, RAY C.			2.2 NAME						
-STREET ADDRESS	3 I			2. 4 CITY-ST-ZIP						
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NAME *-	SVITAK, YOLANDA			3.2 NAME		•			į	
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NAME	*:		5.2 NA			•			ŀ	
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NAME			6.2 NA	ME						
STREET ADDRESS	,		6.3 STI	REET	ADDRESS				l	

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 suppliemental 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 attacking that it an address, with an other like empowered.

SIGNATURE: