

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H81274 (3)  
1. Corporation Name  
AIR SWEEP TECHNOLOGIES, INC.



Principal Place of Business  
15111 NIGHTHAWK DRIVE  
TAMPA FL 33625

Mailing Address  
15111 NIGHTHAWK DRIVE  
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 12702 Royal George Ave	26 12702 Royal George Ave	3. Date Incorporated or Qualified 10/10/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2590416	
22 Odessa, FL	27 Odessa, FL	Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Odessa, FL	28 Odessa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33556	25 USA		
29 33556	30 USA		

9. Name and Address of Current Registered Agent

COLLINS, CAVAN P.  
15111 NIGHTHAWK DRIVE  
3410 PICO DR  
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name	Collins, P. Cavan
82 Street Address (P.O. Box Number is Not Acceptable)	12702 Royal George Ave
83	
84 City	Odessa
85 Zip Code	FL 33556

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 3-23-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLLINS, P. CAVAN	
STREET ADDRESS	15111 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLINS, ARNOLD P.	
STREET ADDRESS	3410 PICO DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLLINS, ALICE T.	
STREET ADDRESS	3410 PICO DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERIWETHER-COLLINS, LAUR	
STREET ADDRESS	15111 NIGHTHAWK DR	
CITY-ST-ZIP	TAMPA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12702 Royal George Ave
1.4 CITY-ST-ZIP	Odessa, FL 33556
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12702 Royal George Ave
2.4 CITY-ST-ZIP	Odessa, FL 33556
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	12702 Royal George Ave.
3.4 CITY-ST-ZIP	Odessa, FL 33556
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	12702 Royal George Ave.
4.4 CITY-ST-ZIP	Odessa, FL 33556
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 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 3-23-98 813-926-8321

CR2E034 (10/97)