

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90009 034 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Tallahassee Florida
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J25571

1. Corporation Name
AIR BURNERS, INC.

Principal Place of Business
**C/O MORRIS OLSEN & OLSEN
 315 N.E. 2ND AVENUE
 FORT LAUDERDALE FL 33301**

Mailing Address
**C/O MORRIS OLSEN & OLSEN
 315 N.E. 2ND AVENUE
 FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**4390 CARGO WAY
 S.W. Apt. 2, etc.**

City & State
MIAMI CITY FL.

Zip
34990

Country
U.S.A.

2. Date incorporated or qualified
07/27/1988

Applied For
 Not Applicable

3. Certificate of Status Desired \$5.75 Additional Fee Required

4. Election Campaign Financing / Track Fund Contribution \$5.00 May Be Added to Filing

5. This corporation elects the current year manager Personal Franchise Tax Yes No

3. Name and Address of Secretary
**MORRIS, WALTER L.
 315 N.E. 2ND AVENUE
 SUITE 200
 FORT LAUDERDALE FL 33301**

3. Name and Address of Vice President & Agent
**JAMES L. SHAW
 3061 NW 17th Terrace
 FT. LAUDERDALE FL. 33311**

I, **JAMES L. SHAW**, Secretary of the above-named corporation, certify that the information contained herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am duly qualified to act as Secretary of the above-named corporation, and that I am duly qualified to act as Secretary of the above-named corporation.

SIGNATURE: **JAMES L. SHAW** 3-23-99

11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-SP		14 CITY-ST-SP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-SP		24 CITY-ST-SP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-SP		34 CITY-ST-SP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-SP		44 CITY-ST-SP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-SP		54 CITY-ST-SP	

I, **JAMES L. SHAW**, certify that the reported or supplied with this filing does not qualify for the exemption stated in Section 190.07, 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. See 1.001 on color or director of the corporation or the receiver of business sponsored to complete this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or, when attach heret with an address, with a 1.001 file accompanied.

SIGNATURE: **JAMES L. SHAW** SECRETARY 1/15/99 954-731-6330

C125571 (11/98)