

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

FILED

Jan 14 1997 8:00am
Secretary of State

| | | | |
|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # K68218 (2) 1. Corporation Name SPRING AIRE PRODUCTS INC. | | | |
| Principal Place of Business C/O JOSEPH J. DIFLUMERA 24 OAK BROOK DRIVE ORMOND BEACH FL 32174 | | Mailing Address C/O JOSEPH J. DIFLUMERA 24 OAK BROOK DRIVE ORMOND BEACH FL 32174-7350 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 9. Name and Address of Current Registered Agent DIFLUMERA, JOSEPH 24 OAK BROOK DR ORMOND BCH FL 32174 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 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 <input checked="" type="checkbox"/> DELETE NAME D VALENTI, FRANCIS M. STREET ADDRESS 960 DOGWOOD DR CITY- ST- ZIP DELRAY BEACH FL | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME D MARASI, EDWARD N. STREET ADDRESS 2367 NE 29TH ST CITY- ST- ZIP LIGHTHOUSE FL | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME P DIFLUMERA, JOSEPH STREET ADDRESS 24 OAK BROOK DR CITY- ST- ZIP ORMOND BCH FL | 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | | |
| 14. I do 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. I signed, or on an attachment with an address. | | | |
| SIGNATURE: _____ CEO 1/14/97 | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ | |



CR2E034 (9/96)