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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K68218

SPRING AIRE PRODUCTS INC.

(2)

FILED Jan 29 1998 8:00am Secretary of State

Principal Piaco	of Business	Mailing Address				
Principal Place of Business		Ü	· ·			
C/O JOSEPH J. DIFLUMERA 24 OAK BROOK DRIVE ORMOND BEACH FL 32174		C/O JOSEPH J. DIFLUMERA 24 OAK BROOK DRIVE ORMOND BEACH FL 32174		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 02/24/1989 	
2. Principal Pla	ace of Business	2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζίρ 29	 		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	g, Name and Address of Cu	rrent Registered Agent			 Name and Address of New Registered A 	Agent
DIFLUMERA, JOSEPH			8.	Name		
24 OAK BROOK DR ORMOND BCH FL 32174			8:	Street Address (P.O. Box Number is Not Acceptable)		
			8:			<u> </u>
			B4	'	FL	85 Zip Code
office or re-	o the provisions of Sections 607, gistered agent, or both, in the S n familiar with, and accept the of	late of Florida. Such chanc	oe was authorized b	ly the corool	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriate the statement of the purpose of the statement for the purpose of the pur	changing its registered ointment as registered

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change ☐ Addition 1.1 TITLE DIFLUMERA, JOSEPH NAME 1.2 NAME 24 OAK BROOK DR STREET ADDRESS 1.3 STREET ADDRESS ORMOND BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. Thereby 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 reports 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 of the required 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 address.

20/98- 001/- (72-1720)