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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

Mailing Address

FILTERS INTERNATIONAL, INC.

FILED

97 JUL -7 AM 6: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



5843 COMMERCE STREET JACKSONVILLE FL 32211		5843 COMMERCE STREET JACKSONVILLE FL 32211-5359					
					3. Date Incorporated or Qualified 03/30/1989	3a. Date of Last Report 05/01/1996	
—	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	ヿ
21		26			59-2938412	Not Applicable	5
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	٦
22		27			5. Certificate of Status Dosired	Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be	٦
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	itangible tax undor s. 199.032,	-1
24	25 29 30		30		Florida Statutes Yes XNo		
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New Reg	Istered Agent	
	ILL, CONSTANCE O.		8	1 Name			
	343 COMMERCE STREET ACKSONVILLE FL 32211		8	Street Ac	Address (P.O. Box Number is Not Acceptable)		
	CHOCKNILL IL GEET		8	3		***************************************	
			8	1 City		Tet 7 - 6 - 4	
				1 7		FL 85 Zip Code	
11. Pursuant office or agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu o of Florida. Such change was pations of, Section 607.0505, F	ites, the abo authorized t lorida Statute	ve-named copy by the corpo	orporation submits this statement for the puralion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	1
SIGNATURE	Signature typod or printed name of registered ag				Quired when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	1;
TITLE	DP	UELETE	1.1 THLE	<u></u>	T	Change X Addition	,†!
NAME	HILL, BRENT		1.2 NAME		Constance O. Hill	-	
STREE1 ADDRESS			1.3 STREE	1 ADDRESS	5843 Commerce Street		
CITY - ST - ZIP	JACKSONVILLE FL 32211		1.4 CHY	S1-ZIP	Jacksonville, Fl 32211		
TITLE		DELETE	2.1 TITLE			Change Addition	,
NAME		2.2 %					
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP :			2. 4 CITY	· ST - ZIP			
TITLE			3.1 TITLE			Change Addition	1
NAME		32 N			0000022	363709	ł
STREET ADDRESS			3.3 STREE	T ADDRESS		363709	
CITY-ST-ZIP	<u></u>		3.4. CITY	-ST-ZIP	****169	.00 ****165.00	
TITLE	DELETE 4.1		4.1 HTLE			☐ Change ☐ Addition	7
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		4	1
TITLE		☐ DELETÉ 5.1 TE			17	Change Addition	7
NAME			5.2 NAME		_//4	64 (Ī
STREET ADDRESS			5 3 STREE	1 ADORESS		راب المراد	
CITY-ST-ZIP			5.4 CITY-	\$1-ZIP	` ' <i>A</i>	∠ (*	
TITLE		☐ DEL€TE	G.1 717LE			Change Addition	1
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CHY-	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 3 if changed, or on an attachment with an address.