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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K83635

DOCUMENT # K83635 1. Corporation Name PURE AIR CONTROL SERVICES, IN Principal Place of Business	` '							
C/O ALAN L. WOZNIAK 407 ELIZABETH AVENUE	C/O ALAN L. WOZNIA 407 ELIZABETH AVEN							
CLEARWATER FL 34619	CLEARWATER FL 346				Date Incorporated or Qualified		e of Last F	
					04/26/1989		04/27/19	995
2. Principal Place of Business 2a. Mailing Ad 2f] 26) Address			4, FEI Number 59-2980920			Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.			Certificate of Status Desired	F"1		5 Additional
City & State	City & State							Required
23	28				6. Election Campaign Financing Trust Fund Contribution			IO May Be od to Fees
Zip Country	Zip	├ ─	untry		B. This corporation has liability for i			
24 25 9, Name and Address of Current F	29 ealstered Agent	30	Τ		Florida Statutes Yes 10. Name and Address of New R		Agent	
			81	Name				
WOZNIAK, ALAN L.			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
407 ELIZABETH AVENUE CLEARWATER FL 34619			83					
CLEANWAIER PL 34019						· · · · · · · · · · · · · · · · · · ·		
			84	City		FL	85 Zi	p Code
Pursuant to the provisions of Sections 607.0502 are or registered agent, or both, in the State of Fiorida. familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and 12. OFFICERS AND E	tille if applicable. (NO			signature required		DATE		
TITLE D	DELETE	1.11	TITLE		ADDITIONS/OFFANGES TO OFF		☐ Change	Addition
NAME WOZNIAK, ALAN L.		12 N	AME					
STREET ADDRESS 407 ELIZABETH AVENUE CLEARWATER FL		l l		DDRESS				
TITLE	DELETE	2 1 1	ITY-SI	- 2112			Change	Addition
NAME		22 N	AME					_
STREET ADDRESS				DDRESS				
CITY-S1-7IP TINLE	DELETE	3.11	ITY-ST	ZIP			Change	Addition
NAME	_ -	3.2 N				,		
STHEET ADDRESS				ADDRESS				
CHY-SI-ZIP TITLE	DELETE	3.4 C	ITY-ST	ZIP			Change	[] Addition
NAME	- · ·	4.2 N				'		
STREET ADDRESS		438	TREET A	DDRESS				
C/TY-ST-ZIP T/ILE	☐ DELETE	4.4 C	TY-ST	ZIP			Change	☐ Addition
NAME		5.2 N				١	Change	
STREET ADDRESS				DORESS				
CITY-ST-ZIP	<u> </u>		ITY-ST-	ZIP				
TILE	☐ DELETE	6 1 7					Change	□ Addition
NAME STREET ADDRESS		6.2 N		DDRESS				
CITY-SI-ZIP	_		ITY-ST-					
14. I do hereby certify that the information supplied with certify that the information indicated on this annual oath; that I am an officer or director of the corporat appears in Block 12 or Block 131 changed, or on	report or supplemental anni on or the receiver or kustee	shed and ual report empower ess.	does is true red to	not qualify for and accurate execute this	e and that my signature shall have the report as required by Chapter 607, Flo	same le gal orida Statu	effect as i tes; and th	f made under at my name