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May 02 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 # K83635 (8)

1. Corporation Name
PURE AIR CONTROL SERVICES, INC.



Principal Place of Business

C/O ALAN L. WOZNAK
407 ELIZABETH AVENUE
CLEARWATER FL 34619

Mailing Address

C/O ALAN L. WOZNAK
407 ELIZABETH AVENUE
CLEARWATER FL 34619-4012

3. Date Incorporated or Qualified 04/26/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2980920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4911 Creekside Drive Suite, Apt. #, etc. 22 C City & State 23 Clearwater FL Zip 24 34620	2a. Mailing Address 26 4911 Creekside Drive Suite, Apt. #, etc. 27 C City & State 28 Clearwater FL Zip 29 34620	Country 25 Pinellas 30 Pinellas
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9. Name and Address of Current Registered Agent

WOZNAK, ALAN L.
407 ELIZABETH AVENUE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name WOZNAK, ALAN L.
82 Street Address (P.O. Box Number is Not Acceptable) 4911 Creekside Drive Suite C
83
84 City Clearwater FL
85 Zip Code 34620

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 ☒ *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4.22.97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOZNAK, ALAN L.	1.2 NAME	ALAN WOZNAK
STREET ADDRESS	407 ELIZABETH AVENUE	1.3 STREET ADDRESS	4911 Creekside Drive Suite C
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL 34620
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 for 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 572 4550

CR2E034 (9/96)