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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005272 (9)

AMBIENT AIR, INC.

9706	9 T H	AVE.	N.W.
RRAF	YEMT	ON FI	34209

Principal Place of Business

Mailing Address

9706 9TH AVE., N.W. BRADENTON FL 34209-9750

FILED May 01 1997 8:00am Secretary of State



					3. Date incorporated or Qualified 11/13/1992 3a. Date of Last Report 06/12/1996				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			oplied For	
21		26	·····		65-0380845			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required			
City & State City & 28		City & State	& State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Zip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ▼▼▼ Y Y Yes □ No					
	9. Name and Address of Curr	rent Registered Agent	1		10. Name and Address of New Re	gistered Age	nt		
SEN	ISEMAN, ROBERT L.W.		8	1 Name					
9706 9TH AVENUE NW			8	O Charle	ddaes (D.O. Barrish Market St.	.1-1			
	DENTON FL 34209		l°	Z Street At	ddress (P.O. Box Number is Not Acceptab) ()			
			8	3					
			8	4 City		FL ⁸	5 Zip	Code	
SIGNATURE	Signatural Autophania of registered	agent and title if applicable (NO	TE: Registered A		orporation submits this statement for the poration's board of directors. I hereby acceptioning the province of	DATE	5-9	*	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	OFMOTALAN BODERT I W	☐ DELETÉ	1.1 TITLE			Ш	Change	X Addition	
NAME	SENSEMAN, ROBERT L.W.		1,2 NAM						
STREET ADDRESS	9706 9TH AVENUE NW		1.3 STRE	et address		2.4	209		
CHTY-ST-ZIP	BRADENTON FL		1.4 CITY						
TITLE		☐ DELETE	2.1 TITLE		Vice President	ليا	Change	Addition	
NAME			2.2 NAM	E	Kevin D. Randall				
SIBERT ADDRESS]		2.3 STRE	et address	9706 9th Avenue N	W			
CHY-ST-ZIP			2. 4 CITY		Bradenton, FL		<u> 209</u>		
TITLE		DELETE	3.1 THTLE				Change	Addition	
NAME			3.2 NAM	:					
STREET ADDRESS			3.3 STRE	et address					
CHY-ST-ZiP			3 4. CITY	- ST - ZIP					
THILE		DELETE	4.1 TITLE				Change	Addition	
NAMÉ			4. 2 NAV	ŧ [
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CHY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME.			5.2 NAM	:				•	
STREET ADDRESS	1		5.3 STRE	et address					
City - St - ZiP			5.4 CITY	-ST-ZIP					
	† · · · · · · · · · · · · · · · · · · ·						Change	Addition	
TITLE		☐ DELETE	6.1 TITLE			<u>L</u> l	Otherigo		
TITLE NAME		L_J DELETE				لــا	Ottange		
NAME		L_J DELETE	6.2 NAM			لسا	CHANGE	, roomen	
		L_1 DELETE	6.2 NAM	ET ADDRESS		لسا	Ottailige	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

4. 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 if chapted, or on an attachment with an address.

SIGNATURE:

OHE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125-97

941-748-8848