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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name P93000025057

FILTER SERVICE & INSTALLATION, CORP.

May 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 05-07-1999 90059 048 ***150.00



Fillicipal Flace	e of Business	Mailing Address					
6450 UNIVERSIT	TY BLVD	6450 UNIVERSITY BLVD					
B WINTER PARK FL 32792-403		B Winter Park FL 32792-403 US		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualified			
00					04/01/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3179035		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u>-</u>	5. Certificate of Status Desired		75 Additional
22		27			3 . Serimonio di Sistema di Sist		e Required
City & State	e	City & State			6. Election Campaign Financing		00 May Be
23		28	Carrat		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Count	ıy	This corporation owes the current Personal Property Tax.	year intangible	□No
24	25	29 30	╙		10. Name and Address of New Reg		
	9. Name and Address of Current	Registered Agent	- 18	1 Name	TO. Tablifu dia		
MILLER, JEFFREY D 6450 UNIVERSITY BLVD							
				82 Street Address (P.O. Box Number is Not Acceptable)			
В				83			
WINT	TER PARK FL 32792-7403		L	<u> </u>		los	7in Code
			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abo	ve-named o	corporation submits this statement for the put	rpose of changin	g its registered
l office or d	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	iorizea (y ine corpo	ration's board of directors. I hereby accept the	те арропители	as registered
_	in familial with, and accept the obligat	10115 01, 0504011 501,0000, 11111-1					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	ent signature re	quired when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
12.	OFFICERS ANI		1.1 TITLE	ļ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
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CITY-ST-ZIP 14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Miller 4/30/90 (407) \$57-5610

CR2E034 (11/98)

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