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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039006 (0)

FILED Mar 19 1998 8:00am Secretary of State

HYD	RO-AIRE SYSTEM SALES, IN	ıc.			
,	ce of Business	Mailing Address			
10259 W SAMPLE RD CORAL SPRINGS FL 33065		3300 UNIVERSITY OF #225	í.		
US		CORAL SPRINGS FL	33365	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
A Deinstead	Place of Business	T. Mulling Addrson		05/25/1993 4. FEI Number	
2. Principal	Place of Business	2a. Mailing Address			Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		65-0413496	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	This corporation owes or has paid the c	
24	[25]	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		81 Name	10. Name and Address of New Registere	a whalif
JOHN SOMMERER & COMPANY P.A.					
3300 UNIVERSITY DR. #225			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	CORAL SPRINGS FL 33065		83		
,	DONAL STAMOS FE SSOOS				
			84 City	F	85 Zip Code
office or agent. I SIGNATURE	am familiar with, and accept the obligation typed or profess cannot be resident age.	nt and tipe if applicable (N	s authorized by the corpo Florida Statutes.  OTE Registered Agent signature re	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	L DELETE	1.1 TITLE	D	Change Addition
NAME	TAYLOR, BRADLEY C		1.2 NAME	Taylor, Bradley C	
STREET ADDRESS				5217 SW 87th Avenue	••
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33065	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Cooper City, FL 333	Change Addition
NAME		L.J DATER	2.2 NAME		C Ollarige C Produtori
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 City-St-Zip		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		3.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Driett	5.4 CITY-ST-ZIP		Change Addition
TITLE	1	☐ DÉLETE	6 1 TITLE		THE CHANGE THE MODITION
NAME	1		62 NAME		
A ******	j		C N CYDEEX 1000FOC		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		

14. Thereby 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 report is true and accurate and that my signature shall have the same legal effect as if made under earl; that I am an officer or director of the corporation or the regimen by rustice 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. If on an additional with an address.

SIGNATURE:

ruside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my with an address