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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P93000075075

TRU-AIR, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90068 016 ***150.00



Principal Place	e of Business	Mailing Address		
154 NE 5TH AV	/E	154 NE 5TH AVE		
DELRAY BEACH FL 33483 DELRAY B		DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				10/29/1993
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 1395	NW 17th Ave		17th A1	R 65-0447456 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	17101	_ \$8.75 Additional
22 501	te. # 104	27 Suite # 19	4 C	5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23 DE L	RAY BEACH, FL	- 28 DELRAY B	EACH, F	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24 334	t45 25 US	29 33445 30	<u>us.</u>	Personal Property Tax.
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent
			81 Nam	JOSEPH TRUZZOLINO
Truzzolino, Joseph			82 Stree	Address (P.O. Box Number is Not Acceptable)
154 NE 5TH AVE			13	is NW. 17th Ave
DELRAY BEACH FL 33483			83	ite # 104
			84 City	85 Zip Code
			\mathcal{O}	ELRAY BEACH FL 33445
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-name	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
office or re agent. La	egistered agent, or both, in the State on familiar with, and accept the obligation	or Florida. Such change was auti ions of, Section 607.0505, Florid	a Statutes.	polation's board of directors. Thereby accept the appointment as registered
SIGNATURE				
JIGNATORE	Signature, typed or printed name of registered agent			required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	, Kaccoura Cost
NAME	TRUZZOLINO JOSEPH		1.2 NAME	1395 NW 17th Ave Suite 104
STREET ADDRESS	154 N.E. 5TH AVE.		1.3 STREET ADORES	DELRAY BEACH, FI 33445
CITY-\$T-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	∣ VP	☐ DELETE	2.1 TITLE	PONERET DAVID
NAME	POMFRET DAVID		2.2 NAME	1205 NIW 1744 AVE SUITE 104
STREET ADDRESS	154 N.E. 5TH AVE		2.3 STREET ADDRES) i
CITY-ST-ZIP	DELRAY BEACH FL		2, 4 CITY-ST-ZIP	DELRAY BEACH, FI. 33445
TITLE	S	☐ DELETE	3.1 TITLE	NAKY ANN TRUZZOLINO
NAME	MARY ANN TRUZZOLINO		3.2 NAME	HARY AND I RUZZOLINO
STREET ADDRESS	154 NE 5TH AVE.		3.3 STREET ADDRES	1395 NW 17th Ave Suite 104
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP	DELRAY BEACH FI. 33445
TITLE	}	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	
CITY-ST-ZIP	[
			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	
		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORES	
NAME			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORES 5.4 CITY-ST-ZIP	3
NAME STREET ADDRESS		☐ DELETE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORES 5.4 CITY-ST-ZIP 6.1 TITLE	
NAME STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORES 5.4 CITY-ST-ZIP	☐ Change ☐ Addition

6.4 CITY-ST-ZIP 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 of 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 or an attachment with all address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)