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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

Block 12 or Block 13 if changed,

attachme



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000002644 (0) DOCUMENT #
1. Corporation Name

AIR QUALITY CONTROL GROUP, INC.

Principal Place of Business Mailing Address 4330 N.W. 112TH AVE 4330 N.W. 112TH AVE. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0453289 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ☐ No 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEXTER, ALLAN M 4330 N.W. 112TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 Zip Code 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, Suchichange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the optigations of Section 607.0505, Florida Statutes. SIGNATURE (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETÉ Change Addition TITLE D 1.1 TITLE NAME DEXTER. ALLAN M 1.2 NAME STREET ADDRESS 4330 N.W. 112TH AVE. 1.3 STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 2 1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 00000248335-Gange TITLE 51 TULE NAME 5.2 NAME -04/09/98--01001--019 STREET ADDRESS **53 STREET ADDRESS** ***150.00 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE

> 62 NAME 63 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 08 1998 8:00am

Secretary of State