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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000012377 (5)

PURE/AIR TECHNOLOGIES OF CENTRAL FLORIDA, INC

Principal Place of Business

SIGNATURE:

Mailing Address

## FILED Jan 23 1998 8:00am Secretary of State



115/97

9440 SIDNEY HAYES RD. 9440 SIDNEY HAYES RD. ORLANDO FL 32824 ORLANDO FL 32824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1994 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3227688 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 🔼 Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DILLARD, DEBORAH K 9440 SIDNEY HAYES RD. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32824 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NQTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS DELETE Change \_\_\_ Addition 1.1 TITLE ח TITLE DILLARD, WILLIAM M 1.2 NAME NAME 206 HARROGATE PLACE 1.3 STREET ADDRESS STREET ADORESS ORLANDO FL 32779 1,4 CITY - ST - ZIP CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE DILLARD, DEBORAH K 2.2 NAME NAME 206 HARROGATE PLACE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32779 2, 4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 3.1 TITLE TITLE PORTER, RECE 3.2 NAME NAME 380 GOLFBROOK CR. #206 3.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6,4 CITY-ST-ZIP CITY - ST - ZIP 14. 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 of 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.

:QUIRED