FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028316 (5)**

1. Corporation Name
INDOOR ENVIRONMENTAL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2800 S.W. 87TH AVE. SUITE 1109 DAVIE FL 33328	2800 S.W. 87TH AVE. SUITE 1109 DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: County — 30:

4. FEI Number: 65-0481451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STOJACK, LEWIS F
2800 S.W. 87TH AVE.
SUITE 1109
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name: PAULA MAURER
82 Street Address (P.O. Box Number is Not Acceptable): 2269 S UNIVERSITY DR #114
83:
84 City: DAVIE FL 85 Zip Code: 33324

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. 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: Paula M Maurer — 4-2-95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	STOJACK, LEWIS F	12 NAME	PAULA MAURER.	
STREET ADDRESS	2800 S.W. 87TH AVE., SUITE 1109	13 STREET ADDRESS	2269 S UNIVERSITY DR #114	
CITY ST ZIP	DAVIE FL 33328	14 CITY ST ZIP	DAVIE FL 33324	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Paula M Maurer — 4-2-95 (Date) (305) 472-7809 (Daytime Phone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
PAULA MAURER

0238200 CP