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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90180 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015883

1. Corporation Name
ECO-AIRE COMPANY, INC.

Principal Place of Business
2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

Mailing Address
2051 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1995	
21		26		4. FEI Number 65-0569329	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PEIKEN, JOSEPH M 2051 N.E. 191ST DRIVE NORTH MIAMI BEACH FL 33179				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, Co-CEO	1.1 TITLE	CO-CEO
NAME	NELSON, JERRY	1.2 NAME	GARY ARNOLD
STREET ADDRESS	68 ZACHARIAN PL	1.3 STREET ADDRESS	METELIC, LA
CITY-ST-ZIP	WARWICK RI 02889	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	JOSEPH M. PEIKEN	2.2 NAME	
STREET ADDRESS	2051 NE 191ST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DAVID MACK	3.2 NAME	
STREET ADDRESS	N 681 COWPATH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. ATKINSON WI	3.4 CITY-ST-ZIP	
TITLE	VPSM	4.1 TITLE	
NAME	NELSON, ROGER	4.2 NAME	
STREET ADDRESS	103 LAWLOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOLLANO CT 06084	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	WALTZER, KEVIN	5.2 NAME	
STREET ADDRESS	75 LEE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA 02146	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  RE-JOSEPH M. PEIKEN

4/6/99 305 937 186 v

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)