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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000046805 (4)**

1. Corporation Name
WATERCOLOR AIR SYSTEMS, INC.

Principal Place of Business	*Mailing Address*
2620 COVE CAY, SUITE 806 CLEARWATER FL 34620	P.O. BOX 17829 CLEARWATER FL 34622-0829 US

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 2620 Cove CAy
Suite, Apt. #, etc.
22 Suite 803
City & State
23 Clearwater FL
Zip 24 34620 Country 25

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

4. FEI Number: 59-3323081 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KRAMER, JOY B
2620 COVE CAY, SUITE 806
CLEARWATER FL 34620

10. Name and Address of New Registered Agent
81 Name "
82 Street Address (P.O. Box Number is Not Acceptable) 2620 Cove CAy, Suite 803
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 (Signature: Type in the printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS	☐ DELETE	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	KRAMER, JOY B		1.2 NAME	Kramer, Joy B.	
STREET ADDRESS	2620 COVE CAY, SUITE 806		1.3 STREET ADDRESS	2620 Cove Cay, Suite 803	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE	DV	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	KRAMER, DORIS J		2.2 NAME	Kramer, Doris J.	
STREET ADDRESS	8830 MERRIMOOR BLVD.		2.3 STREET ADDRESS	8830 Merrimoor Bv.	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Seminole, FL 34647	
TITLE DV	MASTRY, RICHARD	☐ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	2895 46th AV N.		3.2 NAME	MASTRY, Richard	
STREET ADDRESS	St. Petersburg, FL 33714		3.3 STREET ADDRESS	2895 46th A.V. N.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #