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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000051885 (8)

SERVAIR INTERNATIONAL, INC.

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90005 004 \*\*\*150.00

Principal Place of Business   Agos WEST PARK ROAD   HOLLYWOOD FL 33021   Both Pollywood FL 330
## HOLLYWOOD FL 33021  ## HOLLYWOOD FL 33021  ## HOLLYWOOD FL 33021  ## HOLLYWOOD FL 33021  ## Applied For Applied For Oxidified O7/05/1995  ## Applied For Applied For Applied For Feb Not Applied Feb Not Applied For Feb Not Applied Feb Not Ap
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2. Suite, Apt. #, etc.   2a. Suite, Apt. #, etc.   5. Certificate of Status Desired   Fee Required   2. For State   City & State   City
2. Principal Place of Business
2. Principal Place of Business
2. Principal Place of Business 28. Mailing Address 28. Mailing Address 28. Mailing Address 28. Mailing Address 28. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired
28   Suite, Apt. #, etc.   South, Applicable   Sa.75 Additional Fee Required   Sa.75 Additional Fee
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Scartificate of Status Desired   Fee Required   F
City & State    City & State   City
Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name
Zip Country Zip Country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name
9. Name and Address of Current Registered Agent  JUOZAPAITIS, JOSEPH  4905 WEST PARK ROAD  HOLLYWOOD FL 33021  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name  10. Name and Address of New Registered Agent  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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE PSTU  JUOZAPAITIS, JOSEPH  12. NAME  STREET ADDRESS  13. STREET ADDRESS  14. City  FL 85 Zip Code  (NOTE: Registered Agent signature required when reinstaining)  DATE  Change Addition
9. Name and Address of Current Registered Agent  JUOZAPAITIS, JOSEPH 4905 WEST PARK ROAD HOLLYWOOD FL 33021  82 Street Address (P.O. Box Number is Not Acceptable)  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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  JUOZAPAITIS, JOSEPH  12. NAME JUOZAPAITIS, JOSEPH  13. STREET ADDRESS  4905 WEST PARK ROAD  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21. TITLE  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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64 CITY - ST-7IP
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

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 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 suppliemental 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:

Helph trozafailo (Tosa Pu) JuozaPAiris 04-01-99 (954) 964-9591