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Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000006726 (9)

1. Corporation Name  
AERIFINE SPECIALISTS, INC.



Principal Place of Business: 111 EAST MADISON ST. SUITE 2300 TAMPA FL 33602  
Mailing Address: 111 EAST MADISON ST. SUITE 2300 TAMPA FL 33602-4708

3. Date Incorporated or Qualified: 01/22/1996  
3a. Date of Last Report

|                                |                        |   |  |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. <del>State Number</del><br>APPLIED FOR   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 21. Suite, Apt #, etc.         | 26. Suite, Apt #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |
| 22. City & State               | 27. City & State       | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                       |
| 23. Zip                        | 28. Zip                | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| 24. Country                    | 29. Country            |   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIERLEY, JOHN C  
111 EAST MADISON STREET  
SUITE 2300  
TAMPA FL 33602

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.  |              |
| 84. City   | FL           |

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD<br>DOI, FUMIHIRO   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 36841 CLUBHOUSE DRIVE | 1.2 NAME  |   |
| STREET ADDRESS             | ZEPHYRHILLS FL 33541  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S<br>DOI, MANDIE L    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 36841 CLUBHOUSE DRIVE | 2.2 NAME  |   |
| STREET ADDRESS             | ZEPHYRHILLS FL 33541  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME  |   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  |   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME  |   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |   |

3-3-97

-03/03/97--01026--006  
\*\*\*165.00

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: \_\_\_\_\_ Fumihoro Doi 02/04/97 813 788-1225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)