

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

pg 6000010511
National Association of Indoor Environmental Professionals

Principal Place of Business (Florida)

Mailing Address (Same)

4911 Creekside Drive
Suite C, Clearwater, FL; 34260

2. Principal Place of Business

21

Suite, Apt. #, etc.

4911 Creekside Dr. Suite C

City & State

Clearwater, FL

Zip

34260

Country

U.S.A.

2a. Mailing Address

26

4911 Creekside Dr.

Suite, Apt. #, etc.

Suite C

City & State

Clearwater FL

Zip

34260

Country

USA

3. Date Incorporated or Qualified

Oct. 12, 1995

3a. Date of Last Report

0

4. FEI Number

59-3350840

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

Michael E. Boutzhaus, Esq.
704 W. Bay St.
Tampa, FL, 33606

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

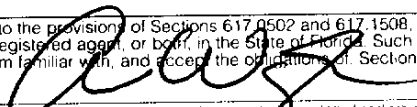
84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

 (Alan Wozniak)

DATE

8.6.96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

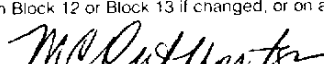
TITLE	President	☐ DELETE
NAME	Dr. Robert L. Scarry	
STREET ADDRESS	4911 Creekside Drive	
CITY-ST-ZIP	Clearwater FL, 34260	
TITLE	George Bender (Board member)	☐ DELETE
NAME	One Peirce Place, Suite 245C	
STREET ADDRESS	Itasca, FL; 60143-1253	
CITY-ST-ZIP		
TITLE	Board member	☐ DELETE
NAME	Michael Boutzhaus, Esq.	
STREET ADDRESS	704 W Bay St.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Board member	☐ DELETE
NAME	Skip Camp, CFM	
STREET ADDRESS	3301 Tamiami Tr.	
CITY-ST-ZIP	Naples, FL, 33962	
TITLE	Board member	☐ DELETE
NAME	Richard Fredrizzi	
STREET ADDRESS	P.O. Box 4808, Carrier Parkway	
CITY-ST-ZIP	Syracuse, NY, 13221	
TITLE	Board member	☐ DELETE
NAME	Dr. James Friehtaut	
STREET ADDRESS	411 Silver Lane MS 129.30	
CITY-ST-ZIP	East Hartford, CT 06108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	Board member	☐ Change ☐ Addition
12. NAME	Dr. Roger Forman	
13. STREET ADDRESS	1317 Winewood Blvd.	
14. CITY-ST-ZIP	Tallahassee, FL; 32309-0700	
21. TITLE	Board member	☐ Change ☐ Addition
22. NAME	Dr. Dennis Ledford	
23. STREET ADDRESS	13000 Bruce B Downs Blvd (HID)	
24. CITY-ST-ZIP	VA Medical Ctr, Tampa FL 33612	
31. TITLE	Board member	☐ Change ☐ Addition
32. NAME	Alan Wozniak	
33. STREET ADDRESS	4911 Creekside Dr., Suite C	
34. CITY-ST-ZIP	Clearwater FL, 34260	
41. TITLE	Executive Officer	☐ Change ☐ Addition
42. NAME	Cathy Culbertson	
43. STREET ADDRESS	4911 Creekside Dr.	
44. CITY-ST-ZIP	Clearwater FL, 34260	
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy Culbertson

8/7/96

Date

Daytime Phone #

572-6794

CR2E037 (3/96)