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

DOCUMENT # N96000001051

1. Corporation Name
National Association of Indoor Environmental Professionals

Principal Place of Business (Florida) — Mailing Address (Same)
4911 Creekside Drive
Suite C, Clearwater, FL, 34260

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 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

2. Principal Place of Business		2a. Mailing Address	
21		26	4911 Creekside Dr.
22 Suite, Apt. #, etc.	4911 Creekside Dr. Suite C	27 Suite, Apt. #, etc.	Suite C
23 City & State	Clearwater, FL.	28 City & State	Clearwater FL
24 Zip	34260	29 Zip	34260
25 Country	U.S.A.	30 Country	USA

9. Name and Address of Current Registered Agent
Michael E. Boutzkous, 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 [signature] (Alan Wozniak) — DATE 8.6.96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ~~ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12~~

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1 (D)	Board member	Dr. Roger Fuman	1317 Winewood Blvd.	Tallahassee, FL., 32399-0700	☐ Change ☐ Addition
2 (D)	Board member	Dr. Dennis Ledford	13000 Bruce B Downs Blvd (111D), VA Medical Ctr.	Tampa FL 33612	☐ Change ☐ Addition
3 (D)	Board member	Alan Wozniak	4911 Creekside Dr., Suite C	Clearwater FL, 34260	☐ Change ☐ Addition
4 (D)	Executive Officer	Cathy Cuthbertson	4911 Creekside Dr.	Clearwater FL. 34260	☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

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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)(k), 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] — 8/7/96 — [redacted] 572-6794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cathy Cuthbertson

8/13