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FILED
Apr 25 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 # P96000018620 (0)

1. Corporation Name

EMPIRE VENTILATION SYSTEMS INC.



Principal Place of Business

1688 NW MADRID WAY
BOCA RATON FL 33432

Mailing Address

1688 NW MADRID WAY
BOCA RATON FL 33432-1729

2. Principal Place of Business

21 3691 N.E. 12th AVE

Suite, Apt. #, etc.

22 Pompano Beach

City & State

23 Florida

Zip

24 33064

Country

25 A Downside

2a. Mailing Address

26 P.O. Box 811028

Suite, Apt. #, etc.

27 Boca Raton

City & State

28 Florida

Zip

29 33481-1028

Country

30 Palm Beach

3. Date Incorporated or Qualified

02/29/1996

3a. Date of Last Report

4. FEI Number

650-65-3644

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

ARONS, ALAN L
1701 WEST HILLSBORO BLVD. STE 303
DEERFIELD BEACH FL 33442-1502

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
GOLDBERG, GENE
STREET ADDRESS 1688 MADRID WAY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME D
GILLS, GREGORY
STREET ADDRESS 439 COCONUT CIRCLE
CITY-ST-ZIP WESTIN FL 33328

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
GOLDBERG, GENE
1.3 STREET ADDRESS 3691 N.E. 12th AVE
1.4 CITY-ST-ZIP POMPAHO BEACH, FLORIDA 33064

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
GILLS, GREGORY
2.3 STREET ADDRESS 3691 N.E. 12th AVE
2.4 CITY-ST-ZIP POMPAHO BEACH, FLORIDA 33064

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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]* GENE GOLDBERG 4/2/97 004 782-1899

CR2E034 (9/96)