

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

FILED
May 06 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 # P96000076066

1. Corporation Name
CLEAN INDOOR AIR, INC.

Principal Place of Business 1519 Capital Circle NE Suite 15 Tallahassee, FL 32308 US	Mailing Address Post Office Box 13678 Tallahassee, FL 32317-3678
--	--

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 09/12/96	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOODY, HORACE A.
1519 CAPITAL CIRCLE NE, STE. 15
TALLAHASSEE, FL 32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

12.1. NAME	PVTS	<input type="checkbox"/> DELETE
12.2. STREET ADDRESS	MOODY, HORACE A.	
12.3. CITY - ST - ZIP	1519 CAPITAL CIRCLE NE, STE. 15 TALLAHASSEE, FL 32308	
12.4. NAME	D	<input type="checkbox"/> DELETE
12.5. STREET ADDRESS	MOODY, HORACE A.	
12.6. CITY - ST - ZIP	1519 CAPITAL CIRCLE NE, #15 TALLAHASSEE, FL 32308	
12.7. NAME		<input type="checkbox"/> DELETE
12.8. STREET ADDRESS		
12.9. CITY - ST - ZIP		
12.10. NAME		<input type="checkbox"/> DELETE
12.11. STREET ADDRESS		
12.12. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. NAME	
13.3. STREET ADDRESS	
13.4. CITY - ST - ZIP	
13.5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6. NAME	
13.7. STREET ADDRESS	
13.8. CITY - ST - ZIP	
13.9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10. NAME	
13.11. STREET ADDRESS	
13.12. CITY - ST - ZIP	
13.13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14. NAME	
13.15. STREET ADDRESS	
13.16. CITY - ST - ZIP	
13.17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18. NAME	
13.19. STREET ADDRESS	
13.20. 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:  DATE: 5-1-97 DAYTIME PHONE #: 904-599-2480

CR2E034 (9/96)