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

PROFIT CORPORATION **TANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DÖCUMENT # P96000089901 (8)

SEPAR FILTER OF THE U.S.A., INC.

FILED Feb 27 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 103 NW 43RD ST, SUITE D BOCA RATON FL 33431 BOCA RATON FL 33431								(
					3. Date incorporated or Qualified 11/01/1996	3a. Date of	Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21 4301	Oak Circle	26 P.O.Box	7083		65-0691250		No	t Applicable	
Suite, Apt 22 18	#, etc	Suite, Apt. #, etc).		5. Certificate of Status Desired		8.75 / Fee Re	Additional equired	
City & State 23 Boca	e Raton, Florida	City & State 28 Boca Ra	ton, Fl	orida	Election Campaign Financing Trust Fund Contribution				
Zip	Country Zip		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,				
24 33431	25 USA	29 33431	30 US	Α		Yes W No			
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agen	<u>t </u>		
	LANE, JEFFREY G NW-19RD ST; SUITE D 43(01 Oak Circ1	.e #18 <mark>8</mark>		Iress (P.O. Box Number is Not Acceptate	ole)	·· -		
BOO	CA RATON FL 33431		8	1				,	
•			8	4 City		FL 85	Zip (Code	
agent La SIGNATURE	to the provisions of Sections 607.056 registered agent, or both in the State am familiar with, and accept the oblig Signature, typed or peaked caree of registered ag	gations of, Section 607.050)5, Florida Statut	es. 	poration submits this statement for the califor's board of directors. I hereby acceptions are reinstating.	ourpose of char of the appointm DATE	nging it nent as	s registered registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTOR	IS IN 12	
TifLE	Procident	DELET	E 1.1 TITLE	·			Change	☐ Addition	
NAME	President & Se Jeffrey G. Mc	cretary	1.2 NAM	£					
STREET ADDRESS	3212 S. Ocean		1.3 STRE	ET ADDRESS					
CITY - ST - ZIP	High Land Bch		1.4 CITY	-ST-ZIP					
TITLE	I red take a record of	DELET	E 2.1 TITLE				Change	Addition	
NAME	1		2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET ADDRESS					
C(TY- \$1 - Z(P	1		2. 4 CITY	-ST-ZIP					
TITLE		☐ DELET	E 31717LE				Change	Addition	
NAME			32 NAM	E					
STREET ADDRESS			3 3 STRE	ET ADDRESS					
CHY-ST-ZIP				'-ST-ZIP					
TIFLE		DELET	E 4.1 TITLE			□ (Change	Addition	
NAME	Ì		4. 2 NAM	IE					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY - ST - ZIP		- L.L.	4.4 CITY					·	
TITLE		☐ DELET	E 5.1 TITLE			□ (Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			53 STRE	ET ADDRESS					
CITY-ST-ZIF			5.4 CITY	-ST-ZIP					
FITLE		☐ DELET	E 61 TITLE				Change	Addition	
NAME I	1		6.2 NAM	E					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY - S1 - ZIP			6.4 CITY	-\$T-ZIP					
			11 1 - 1		A to Device AND DECOND Florida Device				

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.