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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23 Zip

24

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000096384 (8)

INDOOR ENVIRONMENTAL SYSTEMS, INC.

Country

PERLSTEIN, ARNOLD L 4801 SOUTH UNIVERSITY DRIVE

FORT LAUDERDALE FL 33328

2ND FLOOR

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address
7320 SW 148TH TERRACE	7320 SW 148TH TERRACE
MIAMI FL 33158	MIAMI FL 33158

26

2a. Mailing Address

City & State

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Suite, Apt. #, etc.

## FILED May 05 1998 8:00am Secretary of State

DO NOT WRITE		SPACE	
3. Date incorporated or Qualified			
11/26/1996			
4. FEI Number 65-0718855			Applied For
			Not Applicab
5. Certificate of Status Desired	X		5 Additional Required
Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
8. This corporation owes or has pa Personal Property Tax due June		rrent yea	Intangible No

Zip Code

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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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ Change Addition 1.1 TITLE TITLE PD SCOTT, TABOR NAME 1.2 NAME 7320 SW 146TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - ST-ZIP CITY-ST-2IP DELETE Addition **6.1 TITLE** TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS

Country

83

84 City

Name

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

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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.

6.4 CiTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Cott Tary II II Chille II

4/21/98 (05)717-3587