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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT #

FRESH AIR CORP. OF BROWARD INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	dress			1 samtid bl. ten sotin Dietl Antel Edite nalfit.	TI THIN IS	111111111111111111111111111111111111111
■ 1061 Wilshire Circle 1061 Wilshire Circle								
	ke Pines, FL 33027							
Pembroke Pines, FL 33027 Pembroke Pines,					33027			
					•	3. Date Incorporated or Qualified	3a. Date of Last	Report
						12/31/96		
2. Principal P	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number 65-0661654	<u></u>	Applied For
21		26				Not Applicable		
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27	 \			5. Octabe of States Desired	Fee_	Required
City & State	8	City & S	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28	28			Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country		8. This corporation has liability for it	ntangible tax under	s. 199.032,
24	25	29	3	0			Yes 🔲 No	
	9. Name and Address of Currer	it Registered Ag	ent			10. Name and Address of New Reg	istered Agent	
JENS	SEN, ROBERT C			81	Name			
5979 NW 151ST STREET STE 208				82 Street Address (P.O. Box Number is Not Acceptable)				
	AI LAKES FL 33014		Street Ad			bless (F.O. Box Number is Not Acceptable)		
(7)				83				
•								
				84	City		FI 85 Zi	p Code
44 Pursuant	to the provisions of Santions 607 050	2 200 507 1500	Florida Ctabutas	the phou	named ass	position guidality this statement for the s		ite conintered
office or r	egistered agent, or both, in the State	of Plorida, Such	change was aut	horized by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment	as registered
agent. I a	r familiar with and accept the oblig		607.0505, Florid	da Statutes	S .		aloo la	
SIGNATURE	Y-X Oller T	Jeu-					4/29/4	
40	Signature, typed or printed name of registered age	ont and liftle if applicable D DI RECTORS	. (NOTE: F		ent signature requi	red when reinstating)	DATE	2000000
12.			DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
TITLE	P /	,		1.1 TITLE			Chang	ן ויטוווטטא בבו
NAME	Thomas Fraze	7		1.2 NAME				
STREET ADDRESS	1061 Wilshire Circ	1e		1.3 STREET	ADDRESS			ļi,
CITY-ST-ZIP	Pembroke Pines, FL	33027 - 3		1.4 CITY-S	T-ZIP			
TITLE		1000	DELETE	2.1 TITLE			☐ Chang	e L_J Addition (
NAME				2.2 NAME				{
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP	•			2.4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Chang	e Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ĺ			ļ
TITLE			DELETE	4.1 TITLE			Change	e Addition
NAME		•	- 	4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESE			
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		·				10		- Landition
NAME				5.2 NAME	1	· · · · · · · · · · · · · · · · · · ·	X	
STREET ADDRESS				5.3 STREET	- 1	<u>۸</u>	Ň	ļ
CITY-ST-ZIP				5.4 CITY - S	T-ZIP		J	
TITLE		l	DELETE	6,1 TITLE		oöööösie		e L Addition
NAME				6.2 NAME		-05/05/970104	17004	
STREET ADDRESS				6.3 STREET	AODRESS	***165.00		J
CITY-ST-ZIP	<u>-</u>			6.4 City-s	iT-ZIP			}
	ov certify that the information subplies	d with this tiling o	loop not qualify			d in Section 110 07/3)(i) Florida Statutor	I further cortifu to	attha

I have been been that the information supplied with this filling does not qualify for the exemption stated in section 119.07.5(f), Florida Statutes: I further certify that the information indicated on this annual report as required and that my signature shall have the same legal effect as if made under oath; that a man officer or director of the composition 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 in anged, or on an attachment with an address.