Apr-24-98 01:31P LawFirm 728-

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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011257

1. Corporation Name
AEROPHYTOTHERAPY INC.

Principal Place of Business
DOROTHY A. ISON
121 ST. CROIX AVE.
COCOA BEACH FL 32931

Mailing Address
DOROTHY A. ISON
121 ST. CROIX AVE
COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. # 22
City & State 23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified
1991

4. FEI Number
Applied For
X 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 owes or has paid the current year tangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ISON, DOROTHY A.
121 ST. CROIX AVE
COCOA BEACH FL 32931

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 Section 607.1007 or Section 617.1007, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
P.S.D. ISON, DOROTHY ANN 121 ST. CROIX AVE. COCOA BEACH FL.	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition

300002529443
-05/19/98--01069--049
***300.00

14 Under penalties of perjury, I declare that I have read the facts stated in Section 607.0505, Florida Statutes, and that to the best of my knowledge and belief they are true, correct, and complete. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable by up to five years in prison and a $5,000 fine.

SIGNATURE: Dorothy Ison 4-24-98 407 783-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)