

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

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Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000021244 (3)**

1. Corporation Name

FILTRATION SPECIALISTS, INC.

Principal Place of Business

**9887 4TH STREET NORTH
UNIT 252
ST. PETERSBURG FL 33702**

Mailing Address

**9887 4TH STREET NORTH
UNIT 252
ST. PETERSBURG FL 33702**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1997	
21		26		4. FEI Number 59-3435437	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**LYONS, GARY W
311 S MISSOURI AVENUE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81	Name	Sam Moussa
82	Street Address (P.O. Box Number is Not Acceptable)	1400 Gulf Blvd. Unit 406
83		Clearwater
84	City	Clearwater
85	Zip Code	FL 33767

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

Sam Moussa - **SAM MOUSSA - PRESIDENT**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-10-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PST
NAME	MOUSSA, SAM	1.2 NAME	Sam Moussa
STREET ADDRESS	9887 4TH STREET NORTH UNIT 252	1.3 STREET ADDRESS	9887 4th str. North Unit 252
CITY - ST - ZIP	ST. PETERSBURG FL 33702	1.4 CITY - ST - ZIP	St. Petersburg FL. 33702
TITLE		2.1 TITLE	CD
NAME		2.2 NAME	Lydia Moussa
STREET ADDRESS		2.3 STREET ADDRESS	9887 4th street North - Unit 252
CITY - ST - ZIP		2.4 CITY - ST - ZIP	St. Petersburg FL 33702
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *Sam Moussa* - **SAM MOUSSA - PRESIDENT - 4-10-98 (813) 578-4090**

CR2E034 (10/97)