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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086742

1. Corporation Name

AIR FILTERS PLUS, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90099 014 ***150.00

Principal Place of Business Mailing Address					. 100/1661 119 (BILL 100)1 20111 20111 20111 20111 20111 10111 10111 10111 11015 1101 10111	
11380 PROSPERITY FARMS ROAD #220A 11380 PROSPERITY FARMS RO PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33				0A	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 10/06/1997	
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number APPLIED FOR 65-084269 Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23 Zip Zip	Country	Zip 3	Country 30		8. This corporation owes the current year Intangible Personal Property Tax.	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
FECHTMEYER, PHIL 2359 TREASURE ISLE DRIVE #30				81 Name 82 Street Address (P.O. Box Number is Not Acceptable).		
			84	City	FL 85 Zip Code	
f office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was auth	horized by	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	, T	. Change Addition	
NAME	FECHTMEYER, PHIL . 12N		1.2 NAME		•	
STREET ADDRESS 11380 PROSPERITY FARMS ROAD #220A			1.3 STREE	TADDRESS		
CITY-ST-ZIP PALM BEACH GARDENS FL 33410			1.4 CITY-5	ST-ZIP		
	070	€ Delete	04 777 5	1 '	☐ Change ☐ Addition	

☐ DELETE TITLE FECHTMEYER, PHIL 1.2 NAME NAME 11380 PROSPERITY FARMS ROAD #220A 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE FECHTMEYER, SUANNE 2.2 NAME NAME 11380 PROSPERITY FARMS ROAD #220A 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: