


PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED JUN 10 PM 1:31 CLERK OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000005967 1. Corporation Name MOUNTAIN AIR CLEANING SERVICES OF PALM BEACH INC							
Principal Place of Business 11599 OKEECHOBEE BLVD. ROYAL PALM BEACH FL 33411				Mailing Address 11599 OKEECHOBEE BLVD. ROYAL PALM BEACH FL 33411			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			
3. Date Incorporated or Qualified 01/20/1998				4. FEI Number 65-0810071			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
8. Name and Address of Current Registered Agent PIKE, E. CHARLES 11599 OKEECHOBEE BLVD. ROYAL PALM BEACH FL 33411				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 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 _____ Signature, typed or printed name of registered agent and date if applicable. (P.O. E. Registered Agent signature required when re-registering) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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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, with all other like empowered

SIGNATURE: CC. Pike
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

791-0282

Date

Daytime Phone #

6/11/99