**FILED** Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90063 022 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000060566**1. Corporation Name

RESPIRATORY RESOURCES, INC.

| Principal Plac   | ce of Business  | Mailing Address  |   |  |                | 3 (00)(08) (18 (04) (04)) BU()         | 111 <b>49</b> 111 <b>06</b> 210 1 | 3113 84143 8611              | O GILLO BILL LEDI                    |
|--|---|--|---|--|----------------|--|-----------------------------------|------------------------------|--------------------------------------|
| / ***:   |   | 3748 WILDERNESS WAY  |   |  |                |  |                                   |                              |                                      |
| CORAL SPRING   | GS FL 33065   | CORAL SPRINGS FL 33065   |   |  |                |  |                                   |                              |                                      |
|  | <u></u>   | وي   | <u> </u>  |  |                | DO NOT WRI                             |                                   | SPACE                        |                                      |
|  |   |  |   |  |                |  | ~                                 |                              |                                      |
| 2 Principal P  | Place of Business   | 2a. Mailing Address  |   |  |                | 4. FEI Number                          |                                   | <del></del>                  |                                      |
| 21   | lace of Busiliess   |  |   |  |                | 6508432                                | フハ                                |                              | pplied For                           |
| Suite, Apt.  | # etc.  | Suite, Apt. #, etc.  |   |  |                | 4308/32                                | <u>/U</u>                         | <del></del>                  | ot Applicable                        |
| 22   |   | 27   |   |  |                | 5. Certifcate of Status Desired        |                                   |                              | Additional<br>lequired               |
| City & Star  | te  | City & State   |   |  | <del></del>    | 6. Election Campaign Financing         |                                   |                              | <del></del>                          |
| 23   |   | 28   |   |  |                | Trust Fund Contribution                |                                   | •                            | May Be<br>to Fees                    |
| Zip  | Country   | Zip  | Countr  | гу   |                | This corporation owes the curr         | ent vear Inta                     |                              |                                      |
| 24   | 25  | 29 3   | 0   | -  |                | Personal Property Tax.                 |                                   | Yes                          | ľΩNo                                 |
|  | 9. Name and Address of Curre  | ent Registered Agent   | <u> </u>  |  |                | 10. Name and Address of New R          | legistered A                      | gent                         |                                      |
| 054  | 140 100E N  |  | 81  | 1 N  | ame            |  |                                   |                              |                                      |
|  | IAO, JOSE N   |  | 82  | 2 5  | treet Addre    | ess (P.O. Box Number is Not Accepta    | ıble)                             |                              |                                      |
|  | B WILDERNESS WAY  |  | 62 Street Aug   |  | a cot / ida c  | sas (1 .0. Box Number is Not Accepte   | ibie)                             |                              |                                      |
| LOF  | RAL SPRINGS FL 33065  |  | 83  | 3  |                |  |                                   |                              |                                      |
|  |   |  | 84  | 4 C  |                | ·                                      |                                   | 1001 7:-                     |                                      |
|  |   |  |   |  | •              |  | FL                                | i I i                        | Code                                 |
| 11. Pursuant   | to the provisions of Sections 607.05  | 02 and 607.1508, Florida Statutes  | , the abov  | ve-na  | med corpo      | pration submits this statement for the | purpose of c                      | hanging its                  | s registered                         |
|  | edisteren adem, or dem, in the artate   |  |   |  |                |  |                                   | ment ac re                   | anictorod I                          |
| agent. I a   | m familiar with, and appending oblig  | ations of, Section 607.0505, Florid  | a Statute:  | y the<br>s.  | corporation    | 113 board of directors. Thereby accep  | t the appoin                      | uncia as ic                  | sgistered                            |
|  | m familiar with, and addept he oblig  | ations of, Section 607.0505, Florid  |   | y tne<br>s.  | corporation    | n's board of directors. I hereby accep | TILD                              | 199                          | sgistered                            |
| agent. I a   | Signature, typed or printed hame of registered ago  | ent and title if applicably (NOTE: R                                       | 2/  |  |                | when reinstating)                      | 1/12/<br>DATE                     | 199                          |                                      |
| SIGNATURE  | Signature, typed or printed hame of registered age  | ent and title if applicably (NOTE: RIND DIRECTORS                          | egistered Age   |  |                |  | 1/12/<br>DATE                     | DIRECTO                      | ORS IN 12                            |
| SIGNATURE  12.  IIILE  | Signature, typed opprinted name of registered ago OFFICERS A  | ent and title if applicably (NOTE: R                                       | egistered Age   |  |                | when reinstating)                      | 1/12/<br>DATE                     | 199                          |                                      |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed opprints hame of registered ag OFFICERS A D GENAO, JOSE N  | ent and title if applicably (NOTE: RIND DIRECTORS                          | egistered Age   | ent sigr   |                | when reinstating)                      | 1/12/<br>DATE                     | DIRECTO                      | ORS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed opening frame of registered ag OFFICERS A  D GENAO, JOSE N 3748 WILDERNESS WAY   | ent and title if applicably (NOTE: RIND DIRECTORS                          | egistered Age 13. 1.1 TITLE   | ent sigr   | ature required | when reinstating)                      | 1/12/<br>DATE                     | DIRECTO                      | ORS IN 12                            |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed oppringly name of registered ago OFFICERS A  D GENAO, JOSE N 3748 WILDERNESS WAY CORAL SPRINGS FL 33065                                      | ent and title if applicably (NOTE: R.  ND DIRECTORS  DELETE                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE  | ent sign   | ature required | when reinstating)                      | DATE FICERS AND                   | DIRECTO                      | DRS IN 12                            |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed orphinish name of registered agr OFFICERS A  D GENAO, JOSE N 3748 WILDERNESS WAY CORAL SPRINGS FL 33065 D                                    | ent and title if applicably (NOTE: RIND DIRECTORS                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREE  | ent sign   | ature required | when reinstating)                      | DATE FICERS AND                   | DIRECTO                      | ORS IN 12                            |
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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 sectiver 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 changeli or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JOSE N. GENAU/OIRECTOR 112/69
SIGNING OFFICER OR DIRECTOR