

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000070124

Country

9. Name and Address of Current Registered Agent

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12775 25TH STREET NORTH **LOXAHATCHEE GROVES FL 33470**

MALONE, MARY J

1. Corporation Name

AROMAIR, INC.

Principal Place of Business

Mäiling Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

12775 25TH STREET NORTH LOXAHATCHEE GROVES FL 33470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

12775 25TH STREET NORTH LOXAHATCHEE GROVES FL 33470

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90231 048 ***150.00

	DO NOT WRITE IN THIS SPACE				
	3. Date Incorporated or Qualifed 08/12/1998				
	4. FEI Number	Applied For			
	65-0858588	Not Applicable			
	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
try	This corporation owes the current year Personal Property Tax.	Intangible Yes □No			
	10. Name and Address of New Registere	ed Agent			
Name					

Street Address (P.O. Box Number is Not Acceptable)

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.

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SIGNATURE MARY J. MALONE Breside Agent SIDE AT Many Malone Cipu. 12'99 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when repetating) DATE DATE						
12.	OFFICERS AND DIRECTORS	13.	$\overline{\theta}$	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE		. Change ☐ Addition		
NAME	MALONE, MARY J	1.2 NAME				
STREET ADDRESS	12775 25TH STREET NORTH	1.3 STREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE GROVES FL 33470	1.A CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	MALONE, TERENCE	2.2 NAME				
STREET ADDRESS	12775 25TH STREET NORTH	2.3 STREET ADDRESS				
CITY-ST-ZIP	LOXAHATCHEE GROVES FL 33470	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TTILE		☐ Change ☐ Addition		
NAME		4. 2 NAME	İ			
STREET ADDRESS		4.3 STREET ADDRESS	ļ			
CITY-ST-ZIP		4,4 CITY-ST-ZIP				
TITLE	① DELETE	5,1 TΠLE		☐ Change ☐ Addition		
NAME	•	5.2 NAME	ļ	•		
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition		
NAME		6.2 NAME				
STREET ADDRESS		.6.3 STREET ADDRESS		to the second of		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>			

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.

Zip Code