Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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 # P98000091880

Country

9. Name and Address of Current Registered Agent

25

CASEY, CARMELITA V

6470 S.W. 16TH STREET POMPANO BEACH FL 33068

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

YOUR CLEAN AIR PEOPLE, INC.

Principal Place of Business	Mailing Address 6470 S.W. 16TH STREET POMPANO BEACH FL 33068					
6470 S.W. 16TH STREET POMPANO BEACH FL 33068						

27

28

29

Suite, Apt. #, etc.

City & State

Zip

3. Date Incorporated or Qualifed 10/28/1998

-4. FEI Number.

45-088 1890

This corporation owes the current year Intangible

Name and Address of New Registered Agent

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

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

DO NOT WRITE IN THIS SPACE

FILED

Secretary of State

03-25-1999 90024 027 ***150.00

Mar 25, 1999 8:00 am

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			84	City			85 Zip C	
office or re	to the provisions of Sections 607.0502 and 607. egistered agent, or both, in the State of Florida. m familiar with, and accept the obligations of, Se	Such change was au	thorized by	the corporation	ation submits this state 's board of directors. I	ment for the purpose of nereby accept the appoi	changing its i ntment as reg	registered istered
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12.	OFFICERS AND DIRECT		13.		ADDITIONS/CHAN	GES TO OFFICERS AF	Change	Addition
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NAME	CASEY, CARMELITA V		1.2 NAME					
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CITY-ST-ZIP	POMPANO BEACH FL 33068		1.4 CTY-S	r-zip		<u> </u>		
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STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-S					
indicated officer or	certify that the information supplied with this filing on this annual report or supplemental annual re director of the corporation or the receiver or trus or Block 13 if changed, or on an attachment with	port is true and accui stee empowered to e	rate and tha kecute this r	t my signature : epon as require	shall have the same led	ial effect as it made und	er oatn; tnat i	am an

Country

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CASICULTUI CAGGOURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR