

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90031 021 \*\*\*150.00

**DOCUMENT # S15467**

1. Corporation Name

**AIRFLUID SYSTEMS, INC.**



Principal Place of Business

**33 NORTH GARDEN AVENUE  
875  
CLEARWATER FL 34615  
US**

Mailing Address

**33 NORTH GARDEN AVENUE  
875  
CLEARWATER FL 34615  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/27/1990**

2. Principal Place of Business

**21 33 North Garden Ave.**

**22 875**

City & State

**23 Clearwater, Fl.**

**24 33755 25 US**

2a. Mailing Address

**26 33 North Garden Ave.**

**27 875**

City & State

**28 Clearwater, Fl.**

**29 33755 30 US**

4. FEI Number

**59-3049931**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HAGOPIAN, MARK  
33 NORTH GARDEN AVENUE  
SUITE 973  
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name

**Hagopian, Mark**

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

**33 North Garden Ave.**

83

**Suite 875**

84 City

**Clearwater**

**FL**

85 Zip Code

**33755**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PSTD  
HAGOPIAN, MARK**  
STREET ADDRESS **33 NORTH GARDEN AVENUE, SUITE 973**  
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PSTD  
Hagopian, Mark**  
1.3 STREET ADDRESS **33 North Garden Ave. Suite 875**  
1.4 CITY-ST-ZIP **Clearwater, Fl. 33755**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

**SIGNATURE** **Mark Hagopian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

(727) 446-0605

Date

Daytime Phone #

CR2E034 (11/98)