FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$22457

(3)

AIR-TECH OF PASCO, INC.

Mailing Address Principal Place of Business

FILED
Jan 28 1997 8:00am
Secretary of State

PORT RICHEY		PORT RICHEY FL 34668-5909			
				3. Date incorporated or Qualified 01/03/1991	3a. Date of Last Report : 01/24/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 524	9 Jampa West Pli	1 26 5/49 Jan	TRE NET DE	59-3043894	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28	<i>ب-ا</i> ر	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 <i>}</i> 36 j		28 Janpa 210 29 J7674	Country 30 1/4//		Yes No
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	glatered Agent
	ENAN, JOHN		81 Name	Pohn F. Steela	~
4625	5 N. MANHATTAN AVE., SUITE E	3	82 Street Add	ress (P.O. Box Number is Not Acceptab	
TAM	PA FL 33614			<u></u>	
			83 5	49 Tunes West	Rhud.
}			84 City	49 Tampe West amps	85 Zip Code
			[] ~ , Z	ampr	FL 33634
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the pation's board of directors. I hereby accept	surpose of changing its registered
agent la	egistered agent, or boin, in the state m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	ation's board of directors, Thereby accep	or the appointment as registered
SIGNATURE					
OID! WITOILE	Signature, typed or printed name of registered ag-		Registered Agent signature requ		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	L. DELETE	1,1 TITLE	Tak I Sheets	Change Addition
NAMÉ	SHEEHAN, JOHN		1.2 NAME	John F. Streta Sly9 Tampe West	ار المار المجار
STREET ADDRESS	8144 KRISTEL CIRCLE		1.3 STREET ADDRESS	Jay / Jamp Col	7 - 36
CITY - ST - ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP	Tampy, Fl, 7.	7637
THILE	D	DELETE	2.1 TITLE		Change Addition
NAME	KOOH, DAVID		2.2 NAME		
STREET ADDRESS	_ 8144 KRISTEL-GIROLE		2.3 STREET ADDRESS	·	
CITY - ST - ZIP	PORT RICHEY FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE 17	Joel D. A.tz 5249 Tamps wer Tampa Fl. 33	Change Addition
NAME			3.2 NAME	SILLE TO THE	T Blue
STREET ADDRESS			3.3 STREET ADDRESS	Jay/ Jamps Wes	134
CITY - ST - ZIP			34. CITY-ST-ZIP	Janey Fl. 33	9 J 7
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
T-TLE		☐ DELETÉ	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADORESS		
1	1		.		

14. I do 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 charteer or or attachment with an address

SIGNATURE: