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 Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90068 006 ***150.00

DOCUMENT	#	V53474
Corporation Name		100

AIR QUALITY MANAGEMENT INC.

Principal Place	e of Business		Mailing Address						
4800 BAYVIEW DRIVE 4800 BAYVIEW DRIVE SUITE 505 SUITE 505 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308									
		2000		DC	NOT WRITE IN TH	IS SPACE			
		1308		DO NOT WRITE IN TH S SPACE 3. Date Ir corporated or Qualifed					
						07/28/1992		· · · · · · · · · · · · · · · · · · ·	
2. Principal Pl	lace of Business		2a. Mailing Address			4. FEI Number		<u> </u>	olied For
21			26			<u>59-3145665</u>			Applicable_
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 A Fee Re	
22			27 City P. Chata						
- −City & S ate	9	-	City.& State .		•	6. Election Campaign Trust Fund Contrib	- 1 1	\$5.00 Added to	•
23	C=		28	Country					0 1 000
Zip	Cour	nuy	⊢ ·	30		This corporation ov Personal Property	•		[]No
24	9. Name and Add	dross of Current I	29 Agent			10. Name and Addres			-
	9, Name and Add	press of Current	registered Agent	81	Name				
BAYI	NES, COLIN								
	BAYVIEW DRIVE			82	Street Acd	fress (P.O. Box Number is	Not Acceptable)		
	E 505			83					
	LAUDERDALE FL 3	3308							
				84	City		F	85 Zip C	Code
office crr	edistered agent, or he	oth, in the State of a cept the obligation	Florida. Such change wa ns of, Section 607.0505,	is authorized by	the corporati	poration submi's this stater ion's board of directors. I h	ereby accept the appropriate participation and the participation a	ointment as rec	stered
12.	Signature, typed or printed to	OFFICERS AND		13.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	FIS IN 12
TITLE	P		☐ DELETE		T-			☐ Change	Addition
NAME	BAYNES, COLIN			1.2 NAME					
STREET ADDRESS	4800 BAYVIEW D	BIVE SUITE 50	5	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE	•	_	1.4 CITY- S	ST-ZIP				
TITLE	11. 01002110112		☐ DELETE				-	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	TADDRESS				
- CITY-ST-ZIP				2_4 CITY-	ST-ZIP				
TITLE .			DELETE					Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	TADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
TITLE			☐ DELETE					Change	Addition
NAME				4 2 NAME					
STREET ADDRESS				4.3 STREE	TADDRESS				
CITY-ST-ZIP				4.4 CITY-5					
TITLE			☐ DELETE					☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	TADDRESS				
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS				

6.4 CITY-ST-ZIP 14. I herely certify that the information supplied with 1 this filing does not qualify for the exemption stated in Section 119.0'.(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 leceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the 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 AND THE DOT AND OFFICE R OR DIRECTOR

1. PR.L 16, 1999 954 772 - 6644.