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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 335853 (8)

1. Corporation Name
AIR CONDITIONING WARRANTY CORP

Principal Place of Business	Mailing Address
37 N.E. 1st Terrace, Suite D ~~48 N.E. 2ND AVENUE~~ DEERFIELD BEACH FL 33441 US	37 N.E. 1st Terrace, Suite D. ~~48 N.E. 2ND AVENUE~~ DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 37 N.E 1st Terrace,	2a. Mailing Address 26 Same as #2	3. Date Incorporated or Qualified 10/02/1968	
Suite, Apt. #, etc. 22 Suite D	Suite, Apt. #, etc. 27 " " "	4. FEI Number 59-1221864	☐ Applied For ☐ Not Applicable
City & State 23 Deerfield Beach, Fl.	City & State 28 " " "	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 33441 / 25 USA	Zip / Country 29 " " / 30 "	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS-HURLEY, BARBARA ~~48 N.E. 2ND AVENUE~~ 37 N.E. 1st Terrace, Suite D DEERFIELD BEACH FL 33441	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SVP~~ President ☐ DELETE	1.1 TITLE	Vice President / Secretary ☐ Change ☑ Addition
NAME	WILLIAMS-HURLEY, BARBARA	1.2 NAME	Stephen M. Lawson
STREET ADDRESS	~~22198 FRESNO TERRACE~~ 180 N.W. 47th Avenue	1.3 STREET ADDRESS	115 St. Cloud Lane
CITY-ST-ZIP	~~BOCA RATON FL 33433~~ Deerfield Beach, FL 33442	1.4 CITY-ST-ZIP	Boca Raton, Fl. 33431
TITLE	☐ DELETE	2.1 TITLE	Hurley, Barbara Williams ☑ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	180 N.W. 47 Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33442
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 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: _____ 4.29.98 954-421-2121