

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**



PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

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

**DOCUMENT # 406271 (7)**  
1. Corporation Name  
**HAGOPIAN AIR CONDITIONING, INC.**



Principal Place of Business: **99053 OVERSEAS HWY  
PO BOX 804  
KEY LARGO FL 33037**

Mailing Address: **P.O. BOX 804  
KEY LARGO FL 33037-0804  
US**

3. Date Incorporated or Qualified: **08/04/1972**      3a. Date of Last Report: **01/24/1996**

4. FEI Number: **59-1414204**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.      2a. Mailing Address: **26** Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**HAGOPIAN, MARCIA V.  
187 OCEAN SHORES DRIVE  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

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 607.1505, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             |                                 |
|----------------------------|-----------------------------|---------------------------------|
| TITLE                      | <b>S</b>                    | <input type="checkbox"/> DELETE |
| NAME                       | <b>HAGOPIAN, MARCIA</b>     |                                 |
| STREET ADDRESS             | <b>OCEAN SHORES DR.</b>     |                                 |
| CITY - ST - ZIP            | <b>KEY LARGO FL</b>         |                                 |
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME                       | <b>HAGOPIAN, JACK H</b>     |                                 |
| STREET ADDRESS             | <b>OCEAN SHORES DR.</b>     |                                 |
| CITY - ST - ZIP            | <b>KEY LARGO FL</b>         |                                 |
| TITLE                      | <b>P</b>                    | <input type="checkbox"/> DELETE |
| NAME                       | <b>COCHRANE, CAROLYN A.</b> |                                 |
| STREET ADDRESS             | <b>308 BUTTWOOD CR.</b>     |                                 |
| CITY - ST - ZIP            | <b>KEY LARGO FL</b>         |                                 |
| TITLE                      |                             | <input type="checkbox"/> DELETE |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY - ST - ZIP            |                             |                                 |
| TITLE                      |                             | <input type="checkbox"/> DELETE |
| NAME                       |                             |                                 |
| STREET ADDRESS             |                             |                                 |
| CITY - ST - ZIP            |                             |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY - ST - ZIP                                   |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY - ST - ZIP                                   |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY - ST - ZIP                                   |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY - ST - ZIP                                   |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY - ST - ZIP                                   |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 CITY - ST - ZIP                                   |  |   |

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 changed, or on an attachment with an address.

SIGNATURE: *Carolyn A. Cochran*      **CARDYN A. Cochran**      1/10/97      305-451-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)