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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

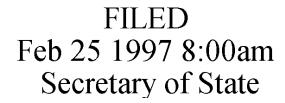
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 508480

(1)

AIR CONDITIONING AND MECHANICAL INCORPORATED (AM





Principal Place of Business Mailing Address					189181 BINI 40181 ION 2008 1881 BINI 4018	DIAN BARA BIRII				
1865 SW 4 AV DELRAY BEAC	/E #3	1865 SW 4 AVE #3	1865 SW 4 AVE #3 DELRAY BEACH FL 33444-7835							
						3. Date Incorporated or Qualified 08/05/1976	3a. Date o		Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				JU 11 12 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1			lot Applicable	
Suite, Apl. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	0	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Ζφ	Country	Zip		untry		8. This corporation has liability for in			s. 199.032,	
24	25	29	30	r			Yes N			
	g. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Reg	listered Age	nt		
	AWG CORP.			"	IVAITIE					
	0 GLADES ROAD, SUIT 400					ldress (P.O. Box Number is Not Acceptable)				
BOO	CA RATON FL 33431			83						
				84	City	······································	FL 8	5 Zip	Code	
44 Purcuant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statu	itos the a	hove	named corr	poration submits this statement for the pition's board of directors. I hereby accept		anging	ite registered	
SIGNATURE	Signaturo Typical or posited name of requisered ager	n and title if applicable (NO	TE: Flagistere			red when reinstating)	DATE			
12.	OFFICERS AND	DELETE	13.	(T) F		ADDITIONS/CHANGES TO OFFIC		RECTO! Change	RS IN 12 Addition	
TITLE NAME	PD	C DECENT	1.2 N					Ollalige	L. ADDITION	
STREET ADDRESS	MICHAELSON, THEODORE L. 1499 S.W. 2ND AVENUE				ADDRESS					
CITY - ST - ZIP	BOCA RATON FL			ITY-ST	- 1					
Title	ST	DELETE	2 1 TI					Change	Addition	
NAME	MICHAELSON, DAVID		22 N	IAME						
STREET ADORESS	1499 S.W. 2ND AVENUE		23\$1	TREET	address					
CHTY-\$1-7P	BOCA RATON FL			CITY-S	T-ZIP					
THILE	V	DELETE	3.1 TI		ļ		L	Change	Addition	
NAME	MICHAELSON, MARK		3.2 N		t topocac					
STREET ADDRESS	1499 S.W. 2ND AVENUE				ADDRESS					
CITY+ST+ZiP Title	BOCA RATON FL	DELETE	3.4. C	CITY-SI (TLE	1-2IF			Change	Addition	
NAME		18	4.2 N							
STREET ADDRESS					ADDRESS					
City - St - ZiP		_	1	HY-ST	1					
TITLE		DELETE	5.1 TI					Change	Addition	
NAMÉ			5.2 N	IAME						
STREET ADDRESS			5.3 S	TREET	address					
CFTY+ST-ZiP		B. B. B. C.		ITY-ST	- ZIP	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
TITLE		DELETE	6.1 Ti				Ц	Change	Addition	
NAM:			6.2 N							
STREET ADDRESS					ADORESS					
CITY - ST - ZIP			6.4 CI	ITY-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: There we store on power have at Sching OFFICER OF PIECE

2/19/97

541-243-90 u)
Daytime Phone #