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Feb 28 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 # 569874 (1)

1. Corporation Name
A & M AIR CONDITIONING, INC.



Principal Place of Business: 1801-F NW 38 AVE LAUDERHILL FL 33311
Mailing Address: 1801-F NW 38 AVE LAUDERHILL FL 33311-4118

3. Date Incorporated or Qualified: 05/15/1978
3a. Date of Last Report: 03/06/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1822350	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUNING, JON 1801-F NW 38 AVE LAUDERHILL FL 33311		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD CALCAGNO, GILBERT M.	1.1	TITLE
NAME	1801-F NW 38 AVE	1.2	NAME
STREET ADDRESS	LAUDERHILL FL	1.3	STREET ADDRESS
CITY-ST-ZIP		1.4	CITY-ST-ZIP
TITLE	PD BRUNING, JON H	2.1	TITLE
NAME	1801-F NW 38 AVE	2.2	NAME
STREET ADDRESS	LAUDERHILL FL	2.3	STREET ADDRESS
CITY-ST-ZIP		2.4	CITY-ST-ZIP
TITLE		3.1	TITLE
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	CITY-ST-ZIP
TITLE		4.1	TITLE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		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: *Gilbert M Calcagno* GILBERT M CALCAGNO 2/22/97 954-4064654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)