

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 678473 (0)

1. Corporation Name
SOUTHEAST AIR CONDITIONING, INC.



Principal Place of Business 13840 N.W. 6 CT. MIAMI FL 33169	Mailing Address 13840 N.W. 6 CT. MIAMI FL 33169-2931
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/15/1980	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2027195	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MITCHELL SETH POLANSKY, ESQUIRE 2801 SOUTH BAYSHORE DRIVE SUTE 1773 COCONUT GROVE, 33133		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	SMITH, PAUL M. <input checked="" type="checkbox"/> DELETE	11 TITLE D	Smith, Paul M. (Jr.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 KEY WEST COURT	12 NAME	10Key West Court
STREET ADDRESS	FORT LAUDERDALE FL	13 STREET ADDRESS	Fort Lauderdale, Fl. 33326
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE D	SMITH, JENNIFER A <input type="checkbox"/> DELETE	21 TITLE P	Smith, Paul M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10 KEY WEST COURT	22 NAME	1430 NW 99th Avenue
STREET ADDRESS	FORT LAUDERDALE FL	23 STREET ADDRESS	Plantation, Fl. 33322
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		31 TITLE VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Smith, Nancy Lee T.
STREET ADDRESS		33 STREET ADDRESS	1430 NW 99th Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Plantation, Fl. 33322
TITLE <input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, unchanged, or on an attachment with an address.

SIGNATURE: *Nancy Lee T. Smith* V. Du. 3/12/97 (305) 769-9959
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)