

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 713775 (5)
1. Corporation Name
FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business Mailing Address
315 MELODY LANE 315 MELODY LANE
P.O. BOX 180458 P.O. BOX 180458
CASSELBERRY FL 32707 CASSELBERRY FL 32707

3. Date Incorporated or Qualified 12/11/1967
3a. Date of Last Report 03/07/1995
4. FEI Number 59-1440713 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
FICARROTTO, JANICE
315 MELODY LANE
P.O. BOX 458
CASSELBERRY FL 32707
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent shall be typed or printed. Registered Agent signature required when modifying.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P/p
NAME	KELLY, HAL	1.2 NAME	Ray Taylor
STREET ADDRESS	315 MELODY LANE	1.3 STREET ADDRESS	315 Melody Ln.
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	Casselberry, FL
TITLE	P	2.1 TITLE	V/p
NAME	ELLIS, DEANE	2.2 NAME	Elliot Sokolow
STREET ADDRESS	315 MELODY LANE	2.3 STREET ADDRESS	315 Melody Ln.
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	Casselberry, FL
TITLE	D	3.1 TITLE	S/p
NAME	TAYLOR, RAY	3.2 NAME	Rudy Vivona
STREET ADDRESS	315 MELODY LANE	3.3 STREET ADDRESS	315 Melody Ln.
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	Casselberry, FL
TITLE	D	4.1 TITLE	T/p
NAME	MCGUIRE, TOM JR.	4.2 NAME	Larry Dennison
STREET ADDRESS	315 MELODY LANE	4.3 STREET ADDRESS	315 Melody Ln.
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	Casselberry, FL
TITLE	D	5.1 TITLE	
NAME	FICARROTTO, JANICE	5.2 NAME	
STREET ADDRESS	315 MELODY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	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	

500001764155
-04/01/96--01025--026
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-5-96 407-2602719
56 3-30-96

CR2E037 (12/95)