

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90036 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02161

1. Corporation Name
POWER AIR CONDITIONING, INC.



Principal Place of Business 1501 W. OSPREY RD. SARASOTA FL 34236 US	Mailing Address 4463 DON MEYERS DR SARASOTA FL 34233-1709 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6582 Palmer Park Circle	26		10/17/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2039373	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Sarasota				<input checked="" type="checkbox"/> Yes \$8.75 Additional Fee Required <input type="checkbox"/> No \$5.00 May Be Added to Fees	
24. Zip 34238		29. Country		25. Country	
				28. Zip	
				30. Country	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CASTIGLIONE, ROBERT P
4463 DON MEYER DR
SARASOTA FL 34233

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTIGLIONE, ROBERT P	1.2 NAME	
STREET ADDRESS	4463 DON MEYER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTIGLIONE, MARILYN L.	2.2 NAME	
STREET ADDRESS	4463 DON MEYER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKHOLD, ROBLYN	3.2 NAME	
STREET ADDRESS	4463 DON MEYER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GEORGE	4.2 NAME	
STREET ADDRESS	4033 MIDDLESEX PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE Robert P. Castiglione Date 1/5/99 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)