

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1996 7-1596-3-7297-0

DOCUMENT # **J72386 (2)**

1. Corporation Name
AIR FORCE ONE AIR CONDITIONING & HEATING, INC.



Principal Place of Business: **7871 N. SARAZEN DR CITRUS SPRINGS FL 34434 US**
 Mailing Address: **7871 N. SARAZEN DR CITRUS SPRINGS FL 34434 US**

3. Date Incorporated or Qualified: **05/12/1987**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-2804146**
 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: **7571 N. FIRWOOD CIRCLE**
 2a. Mailing Address: **7571 N. FIRWOOD CIRCLE**
 22. City & State: **CITRUS SPRINGS, FL**
 28. City & State: **CITRUS SPRINGS, FL**
 24. Zip: **34433** 25. Country: **USA**
 29. Zip: **34433** 30. Country: **USA**

9. Name and Address of Current Registered Agent

**HOROWITZ, ALFRED J.
 % HOROWITZ & ROLNICK
 6800 W. COMMERCIAL BLVD., STE. 5
 FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (PO Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

Signature of Officer or Director (Typed Name and Title) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SHAPOT, MARC S	
STREET ADDRESS	7871 N. SARAZEN DR.	
CITY - ST - ZIP	CITRUS SPR FL 34434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	7571
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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)(A), Florida Statutes. I further certify that the information included 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: *Marc Shapot* **MARC SHAPOT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79-96 352-895-1443

CR2E034 (3/96)