FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81540 (0)

1. Corporation Name
COMMODAIR, INC.

Principal Place of Business
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

Mailing Address
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2890943 — 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: [X] Yes [ ] No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. or Lot — 22
Suite, Apt. or Lot — 27
City & State — 23
City & State — 28
Zip — 24 — County — 25 — Zip — 29 — County — 30

9. Name and Address of Current Registered Agent
REICH, JEFFREY P.
7829 GREENBRIAR PKWY
ORLANDO FL 32819

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

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REICH, JEFFREY P.
STREET ADDRESS	7829 GREENBRIAR PKWY
CITY ST. ZIP	ORLANDO FL
TITLE	DVP
NAME	ROSSMAN, NORMAN A.
STREET ADDRESS	7829 GREENBRIAR PKWY
CITY ST. ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		
TITLE	DVPS	X Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY ST. ZIP		

14. I hereby certify that the information indicated on this 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 a director or officer 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 of the corporation's last Florida Annual Report.

SIGNATURE: By [signature] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0062167 CP