

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 168342 (4)

1. Corporation Name
MCDONALD AIR CONDITIONING INC



Principal Place of Business: 441 VALENCIA AVE. STE. 207 CORAL GABLES FL 33134
Mailing Address: 441 VALENCIA AVE. STE. 207 CORAL GABLES FL 33134

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1952		3a. Date of Last Report 06/15/1995	
21. State, Apt. #, etc. 203	26. Suite, Apt. #, etc. 203			4. FEI Number 59-0677276		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MELCHING, R DALE 441 VALENCIA AVE. STE. 207 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81. Name GAIL M. PHILLIPS			
				82. Street Address (P.O. Box Number is Not Acceptable) 441 VALENCIA AVE. # 203			
				83. City CORAL GABLES			
				84. State FL		85. Zip Code 33134	

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 I accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: *Gail M. Phillips* **GAIL M. PHILLIPS** DATE: **1-16-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1. 1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, JOHN L	1.2 NAME	LUELLA N. MELCHING
STREET ADDRESS	163 SILENT MEADOWS CIRCLE	1.3 STREET ADDRESS	441 VALENCIA AVE #203
CITY-STATE-ZIP	ELGIN SC 29045	1.4 CITY-STATE-ZIP	CORAL GABLES FL. 33134
TITLE	PD <input checked="" type="checkbox"/> DELETE	2. 1 TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHING, R DALE	2.2 NAME	KAREN M. BROWN
STREET ADDRESS	441 VALENCIA AVE., STE. 207	2.3 STREET ADDRESS	10440 SW 69 AVE.
CITY-STATE-ZIP	CORAL GABLES FL 33134	2.4 CITY-STATE-ZIP	MIAMI FL. 33156
TITLE	D <input type="checkbox"/> DELETE	3. 1 TITLE	SEC/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHING, LUELLA N	3.2 NAME	GAIL M. PHILLIPS
STREET ADDRESS	441 VALENCIA AVE., STE. 207	3.3 STREET ADDRESS	11911 SW 107 CT
CITY-STATE-ZIP	CORAL GABLES FL 33134	3.4 CITY-STATE-ZIP	MIAMI FL. 33176
TITLE	D <input type="checkbox"/> DELETE	4. 1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KAREN M	4.2 NAME	DANIEL L. BROWN
STREET ADDRESS	10440 SW 69TH AVE.	4.3 STREET ADDRESS	10440 SW 69 AVE
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	MIAMI FL. 33156
TITLE	D <input type="checkbox"/> DELETE	5. 1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DANIEL L	5.2 NAME	JOHN S. PHILLIPS
STREET ADDRESS	10440 SW 69TH AVE.	5.3 STREET ADDRESS	11911 SW 107 CT
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	MIAMI FL. 33176
TITLE	D <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GAIL M	6.2 NAME	
STREET ADDRESS	8125 SW 99TH AVE.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail M. Phillips* **GAIL M. PHILLIPS** DATE: **1-16-96** DISTRICT PHONE: **305 448-5140**

CR2E034 (12/95)