

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 190630 (4)

1. Corporation Name

WESTBROOK AIR CONDITIONING & PLUMBING INC.



Principal Place of Business

Mailing Address

1411 S. ORANGE BLOSSOM TRAIL
P.O. BOX 555459
ORLANDO FL 32855

1411 S. ORANGE BLOSSOM TRAIL
P.O. BOX 555459
ORLANDO FL 32855

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

9. Name and Address of Current Registered Agent

MATTHEWS, OWEN S.
1411 S. ORANGE BLOSSOM TRAIL
2034 COVE TRAIL
ORLANDO FL 32855

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/31/1956

3a. Date of Last Report

02/14/1995

4. FEI Number

59-0761330

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and for applicable

(Title - Registered Agent signature required where applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, ROBERT D	
STREET ADDRESS	4384 CAROLWOOD ST	
CITY-ST- ZIP	ORLANDO FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MATTHEWS, OWEN	
STREET ADDRESS	2034 COVE TRAIL	
CITY- ST- ZIP	MAITLAND, FL 00000	
TITLE	DPV	<input type="checkbox"/> DELETE
NAME	SCHAUBLE, JAMES H.	
STREET ADDRESS	315 PICKERING STREET	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FABER, CRAIG	
STREET ADDRESS	5011 LIDO STREET	
CITY- ST- ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COATS, ROSETTA	
STREET ADDRESS	1401 ANCHOR COURT	
CITY- ST- ZIP	ORLANDO FL	
TITLE	T D	<input type="checkbox"/> DELETE
NAME	GLANCY, DANIEL	
STREET ADDRESS	5409 ENDICOTT PLACE	
CITY- ST- ZIP	OVIEDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	EIDEL, HELMUTH L.	
13 STREET ADDRESS	1260 ALABAMA DR.	
14 CITY- ST- ZIP	WINTER PARK, FL 32789	
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)(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 I file with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

(467) 841-3310

CRE034 (12/95)