

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 190630 (4)
 1. Corporation Name
WESTBROOK AIR CONDITIONING & PLUMBING INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1411 S. ORANGE BLOSSOM TRAIL P.O. BOX 555459 ORLANDO FL 32855	Mailing Address 1411 S. ORANGE BLOSSOM TRAIL P.O. BOX 555459 ORLANDO FL 32855
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3. Date Incorporated or Qualified 01/31/1956	Applied For
4. FEI Number 59-0761330	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**MATTHEWS, OWEN S.
 1411 S. ORANGE BLOSSOM TRAIL
 2034 COVE TRAIL
 ORLANDO FL 32855**

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	
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 checked="" 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	TD <input type="checkbox"/> DELETE
NAME	GLANCY, DANIEL
STREET ADDRESS	5409 ENDICOTT PLACE
CITY-ST-ZIP	OVEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Rosetta Coats*

4-1-98

CR2E034 (10/97)