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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 190630 1. Corporation Name WESTBROOK AIR CONDITIONING & PLUMBING INC.			
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 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 OVIDO FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
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 17 S. Westmoreland Dr. 3.4 CITY-ST-ZIP Orlando, FL 32805 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			

SIGNATURE:

Owen S. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWEN S. MATTHEWS

6/1/99

(407)

Date

841-3310 ext 191

Daytime Phone #

0107167

CR2E034 (11/98)