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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386598

(7)

BRUNO'S AIR CONDITIONING, INC.

Principal Place of Business Mailing Address 1401 OLD DIXIE HWY P.O. BOX 12715 LAKE PARK FL 33403-0715 BAY 4 LAKE PARK FL 33403 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1971 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1635900 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRAGIACOMO, ANTHONY 720 OSPREY WAY 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH PALM BEACH FL 33408** 83 84 City Zip Code 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, typod or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE TITLE 1.5 TITLE Change Addition FRAGIACOMO, ANTHONY NAME 1.5 NAME 720 OSPREY WAY STREET ADDRESS 13 STREET ADDRESS N PALM BCH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TIT1 F Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-S1-ZIP

14. Ido hereby certify that the information supplied with this filling 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.

4.4 CITY - ST - 7IP

5.3 STREET ADDRESS

5.4 C(1) - ST - Z(P)

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

- Anti- Dangerally ANTHANY FORCIACHUN 1/2-102 (571)848-193