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PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505062   (0)

1. Corporation Name

CEE BEE AIR SYSTEMS, INC.

Principal Place of Business	Mailing Address
1232 ROCK SPRINGS RD P. O. BOX 2268 APOPKA FL 32704-9268	1232 ROCK SPRINGS RD P. O. BOX 2268 APOPKA FL 32704-2268

3. Date Incorporated or Qualified	3a. Date of Last Report
06/11/1976	01/23/1996

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **59-1662748**	Applied For / Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
Zip	24 Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLEOD, RAYMOND A. 48 E. MAIN ST. DRAWER 950 APOPKA FL 32704	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD NAME BLODGETT, PHILLIP A. STREET ADDRESS 6528 SR 435 CITY-ST-ZIP APOPKA FL	[X] DELETE	1.1 TITLE *PRESIDENT/DIRECTOR* [X] Change [ ] Addition 1.2 NAME *BLODGETT, PHILLIP A.* 1.3 STREET ADDRESS *1224 BALMY BEACH DR.* 1.4 CITY-ST-ZIP *APOPKA, FL. 32703*
TITLE PD NAME BOLDGETT, ROY S. STREET ADDRESS 6528 SR 435 CITY-ST-ZIP APOPKA FL	[X] DELETE *RETIRED*	2.1 TITLE [ ] Change [ ] Addition 2.2 NAME *same* 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE STD NAME BLODGETT, VIRGINIA SUE STREET ADDRESS 6528 SR 435 CITY-ST-ZIP APOPKA FL	[X] DELETE *RESIGNED*	3.1 TITLE [ ] Change [ ] Addition 3.2 NAME *same* 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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: ~~SIGNATURE REQUIRED~~   2/17/97 (407) 886-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)