FILE	NOW: FILING FEE	AFTE	R MAY 1 I	S \$2	j.	.00					
CORF	POPATION		FLORIDA DEPA Sandra	ARTMENT B. Morth	. و	STATE					
	AL REPORT 1996		Secret DIVISION OF	cary of Sta	HC	ONS					
DOCUN 1. Corporation		32	(1)								
CUSTO	OM CLIMATE CONTROL, I	NC.									
Principal Place			ng Address					10870  01418   11007   1408   FFAFA			811 <b>819</b> 11 81811 1881
13311-60TH ST NORTH CLEARWATER FL 34620			13311-60TH ST NORTH CLEARWATER FL 34620				2. Data languagestad as Qualified	Las Data		December	
2. Principal Pla	ce of Business	2a. N	Mailing Address					Date Incorporated or Qualified     12/29/1976     FEI Number	3a. Date o	/01/1	
21		26						59-1740630			Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	5 Additional Required
City & State		28	Dity & State		·	······································		Election Campaign Financing     Trust Fund Contribution		Add	00 May Be led to Fees
Zip 24	Country 25  9. Name and Address of Curre	29	Zip Cou 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent			
		<b>.</b>			81	Name		10, ranto ano ricaleso el resi in	og.sto.co M	, , , ,	
ROESHI	NK, HEINZ J.				82	Street A	Addres	s (P.O. Box Number is Not Acceptable	(e)		
	VAY ISLAND										
CLEARV	VATER FL 34630				83						
				Ì	84	City			FL	85 7	Zip Code
or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such c	thange was authoriz	ed by the c	ve-r vorp	l named co oration's	orporat board	on submits this statement for the purp of directors. Thereby accept the appo	oose of chan	LL ging its egistere	registered office ad agent. I am
SIGNATURE _											
12.	Signature, typicd or printed name of registered agr OF FICERS A*	arrest cases as a con-		OTL Registered	Agen	nt signature re	oquired w	fico reinstating: ADDITIONS/CHANGES TO OFFII	DATE OF BS, AND F	IRECT	ODS IN 12
TITLE	PD		DELETE	1. 1 T	TLE			KODINGTOTOTOTOTOTO	<del></del>	Change	
NAME	ROESHINK, HEINZ J.			1.2 N/	ME						_
STREET ADDRESS	43 MIDWAY ISLAND			1.3 \$1	KEEI	ADDRESS					
CITY-SY-ZIP	CLEARWATER FL			1.4 C		T - ZIP					
TITLE	s Roeshink,els		DELETE	2 1 1					Ц	Change	Addition
NAME STREET ADDRESS	43 MIDWAY ISLAND			2.2 N/		ADDRESS					
CITY-ST-ZIP	CLEARWATER FL					1-2IP					
TITLE	<del></del>		DELETE	3. 1 T						Change	Addition
NAME				3 2 N	ME						
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TITLE NAME			DELETE	4. 1 T 4.2 N					Ц	Change	Addition
STREET ADDRESS						ADDRESS					
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NAME				5 2 N	į.						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	54CI 6 1 T	_	1 - ZIP			<u> </u>	Change	Addition
1									ليا	2	

62 NA

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-1 ADDRESS

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 use and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowers appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-30-96 536 785 7