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

FILED Mar 27 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 521908 ANDERSON AIR CONDITIONING AND REFRIGERATION, INC. Principal Place of Business Mailing Address 1250 N.E. 27TH AVENUE 1250 N.E. 27TH AVENUE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1711907 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, DAVID 1250 N.E. 27TH AVENUE R2 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 City Zip Code 65 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD Addition TITLE DELETE 1.1 TITLE Change ANDERSON, DAVID NAME 1.2 NAME 1250 N E 27TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 TITLE ANDERSON, NANCY E NAME 2.2 NAME 1250 N E 27TH AVENUE 2.3 STREET ADDRESS STREET ADORESS POMPANO BEACH, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - 21P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

6.4 CITY-ST-ZIP 14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

R 2 NAME

DELETE

SIGNATURE: Maney Charleson - Nancy E. Andreson

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

3-20-98 (954) 942-885/

Change

Addition

CRZEG94