


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90027 010 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 567795</b> 1. Corporation Name <b>ARNOLD AIR CONDITIONING, INC.</b>					
Principal Place of Business 847 FELLSMERE HWY SEBASTIAN FL 32958 US			Mailing Address <del>2170 ARNOLD LANE</del> <b>MALABAR FL 32950</b> US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 847 Fellsmere Hwy 27 Suite, Apt. #, etc. 28 Sebastian FL 29 32958 30 Indian River		3. Date Incorporated or Qualified 04/05/1978 4. FEI Number 59-1819713 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARNOLD, LEO 2170 ARNOLD LN. PALM BAY, FL MALABAR FL 32950			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9600 Riverview Dr. 83 84 City Micco FL 85 Zip Code 32976		
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 <i>Leo Arnold</i> 4/6/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE STD 1.2 NAME ARNOLD, EILEEN F 1.3 STREET ADDRESS 2170 ARNOLD LANE 1.4 CITY-ST-ZIP MALABAR FL 1.5 TITLE PD 1.6 NAME ARNOLD, LEO 1.7 STREET ADDRESS 2170 ARNOLD LANE 1.8 CITY-ST-ZIP MALABAR FL 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 9600 Riverview Dr. 2.4 CITY-ST-ZIP Micco, FL 32976 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 9600 Riverview Dr. 2.8 CITY-ST-ZIP Micco, FL 32976 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP		

SIGNATURE:

*Leo Arnold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/99 561-589-1063  
Daytime Phone #

CR2E034 (11/98)