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FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853243

(4)

1. Corporation Name

ARCO COMFORT PRODUCTS CO.

Principal Place of Business

515 S FOWLER ST APT 4819
LOS ANGELES CA 90071

Mailing Address

515 S FOWLER ST APT 4819
LOS ANGELES CA 90071-2201



3. Date Incorporated or Qualified

06/22/1982

3a. Date of Last Report

02/26/1996

4. FEI Number

95-3480619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 in printed form of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HINDS, BARBARA M	
STREET ADDRESS	515 S. FLOWER STREET	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COFFEE, JAMES R.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KINGSBURY, KATHLEEN A	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LUCAS, JOHN R. J	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, GEORGE S	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	COOLEY, CHARLES P.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARTOLETTI, BARBARA M	
1.3 STREET ADDRESS	515 S. FLOWER ST.	
1.4 CITY - ST - ZIP	LOS ANGELES, CA 90071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA M. BARTOLETTI

2/11/97

Date

(213) 486-1443

Daytime Phone #

CR2E034 (9/96)