2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80077 1. Entity Name AIR CONDITIONING PRODUCTS CORP.

FILED Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90044 021 ***150.00

SUPE OF CORRATION FL 39431 SUPE OF SUPE OF BUSINESS Subs. Apt. a, etc. Subs. Apt. a						J						
SURE OF SOCIA RATION FL. 39431 - 3989	rincipal Place	e of Business										
Suite, Apt. 4, etc. City & State City & State City & State Country Zip Country Zip Country Size	200 CORPORATE BLVD NW UITE 401 OCA RATON FL 33431		SUITE 401	SUITE 401					۲	7060	80	
City & State City & State City & State City & State Country Count	. Principal Pi	ace of Business	3. Mailing Address	3. Mailing Address								
Special Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fine Required \$8.75 Additi	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WR	IITE IN THIS	SPACE		
EXAMPLE AND CORPORATE BLVD. N.W. SUITE 401 IN above named entity submits this statement for the purpose of changing its registered agent. IT is above named entity submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. IT is corporation is eligible to satisfy its intangible Tax MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 AND CORPORATE BLVD NW SUITE 401 Delte TILE BULL TILE DOCA RATION FL 33431 CITY FEE IS \$150.00 ACCOMPORATE BLVD NW SUITE 401 Delte TILE DOCA RATION FL 33431 CITY ST. JP DELTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DOCA RATION FL 33431 CITY ST. JP Delte TILE MAKE SERET AURRESS DOTY-ST. JP Delte TILE MAKE SERET AURRESS DOTY-ST. JP	City & State	3	City & State	City & State			FEI Number	59-220620	64	<u> </u>	` —	
S. Name and Address of Current Registered Agent HCRM CORP 2200 CORPORATE BLVD. N.W. SUITE 401 BOCA RATION FL 33431 City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City	Zip	Country Zip		Country		5. (Certificate of S	Status Desired		\$8.75 Ad	ditional	
HCRM CORP 2200 CORPORATE BLVD. N.W. SUITE 401 BOCA RATON FL 33431 City FL Zip Code City City FL Zip Code City FL Zip Code City Cit		6. Name and Address of Curr	ent Registered Agent				Name and Ad	dress of New				
2200 CORPORATE BLVD. N.W. SUTE 401 BOCA RATON FL 33431 City FL Zip Code City FL Zi					Name				····	<u> </u>		
SUITE 401 BOCA RATON FL 33431 City FL Zip Code Code Code Code Code Code Code Code Code					Street Ad	dress (P.O. B	ox Number is	Not Acceptable	le)			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Common Typed or princip name of registered agent a	SUIT	E 401										
IGNATURE Signature, typed or ipritted name of registered agent and title if agricable. (NOTE: Registered Agent signature required when rematating) DATE	BUCA RATUN FL 33431				City				FL	Zip Cod	ie	
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Addition Addition Trust Fund Contribution. Addition Trust Fund Contribution. Trust Fund Contribut	GNATURE _	Signature, typed or printed name of registered a					einstating)		DATE			
TITE AMAGE A	Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 20 Make Check Payab			000 Fee	will be \$5	50.00 t of State	Trust F	und Contribution	on.	Added	d to Fees	
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: