FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** May 13, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 05-13-1999 90047 003 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # H50971 1. Corporation Name AIR ENERGY HEAT PUMPS INC. 1300 S. ANDREWS AVE. POMPANO BEACH, FL 33069 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE SAME AS ABOVE 3. Date Incorporated or Qualifed 4/5/85 2. Principal Place of Business Mailing Address FEI Number Applied For 59-2533506 SAME SAME 26 Not Applicable Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Country Zip 8. This corporation owes the current year intaggible Personal Property Tax. 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOHN M. ZAKRYK 82 Street Address (P.O. Box Number is Not Acceptable) 1300 S. ANDREWS AVE. POMPANO BEACH UFL 33069 83 84 City 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 or printed name of registered agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change ☐ Addition John M. Zakryk President 12 NAME 1300 S. ANDREWS AVE. STREET ADDRESS 1.3 STREET ADDRESS Pompano Beach, FL 33069 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP-61 TITLE [] Change DELETE : ☐ Addition

14. 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 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 ampaddress, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

24

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

4/30/99

954/785-4900