

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J16597** (3)

1. Corporation Name
BULLSEYE AIR CONDITIONING, INC.



Principal Place of Business: 5191 N W 15TH ST, P.O. BOX 5820, POMPANO BEACH FL 33074-2820
Mailing Address: 1700 BANKS ROAD, P.O. BOX 5820, MARGATE FL 33063 US

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0121851 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

9. Name and Address of Current Registered Agent: ROGOFF, ROBERT J, 1700 BANKS ROAD, MARGATE FL 33063
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ROGOFF, ROBERT 1700 BANKS ROAD MARGATE FL	1. 1 TITLE	Change Addition
TITLE: SD	SOKOLOV, ELLIOT 1700 BANKS ROAD MARGATE FL	2. 1 TITLE	Change Addition
TITLE:		3. 1 TITLE	Change Addition
TITLE:		4. 1 TITLE	Change Addition
TITLE:		5. 1 TITLE	Change Addition
TITLE:		6. 1 TITLE	Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: _____ Daytime Phone #: _____

CR2E034 (12/95)