

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33063-7741 US
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3. Date Incorporated or Qualified 05/27/1986	3a. Date of Last Report 02/23/1996
4. FEI Number 65-0121851	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1700 Banks Rd. Suite, Apt. #, etc. 22 City & State 23 Margate, FL Zip 33063 Country USA 24	2a. Mailing Address 26 1700 Banks Rd. Suite, Apt. #, etc. 27 City & State 28 Margate, FL Zip 33063 Country USA 29
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9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGOFF, ROBERT	
STREET ADDRESS	1700 BANKS ROAD	
CITY - ST - ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOKOLOV, ELIJAH	
STREET ADDRESS	1700 BANKS ROAD	
CITY - ST - ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hoover, Howard S Jr.
3.3 STREET ADDRESS	1700 Banks Rd.
3.4 CITY - ST - ZIP	Margate, FL 33063
4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McCaughy, William P.
4.3 STREET ADDRESS	1700 Banks Rd.
4.4 CITY - ST - ZIP	Margate, FL 33063
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wright, C. Clifford Jr.
5.3 STREET ADDRESS	1700 Banks Rd.
5.4 CITY - ST - ZIP	Margate, FL 33063
6.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Held, John D
6.3 STREET ADDRESS	1700 Banks Rd.
6.4 CITY - ST - ZIP	Margate, FL 33063

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: E. J. Sokolov 1-15-97 954-973-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)