

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

Amended

Amended PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 OCT -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48261
1. Corporation Name
Air Care Air Conditioning and Filter Corporation

Principal Place of Business: *11460 SW 103 Street Miami, FL 33176*
Mailing Address: *11460 SW 103 Street Miami, FL 33176*

3. Date Incorporated or Qualified: *12/22/86* 3a. Date of Last Report: *1997*

2. Principal Place of Business: *11460 SW 103 Street*
21. Suite, Apt #, etc. *26. 11460 SW 103 Street*

4. FEI Number: *59-2766528* Applied For: Not Applicable:

22. City & State: *Miami FL* 27. City & State: *Miami FL*

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: *33176* Country: *Dade* 28. Zip: *33176* Country: *Dade*

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

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

Carolyn J. Gulino
7110 SW 113 Court
Miami, FL 33173

10. Name and Address of New Registered Agent

81. Name: *Carolyn J. Gulino*
82. Street Address (P.O. Box Number is Not Acceptable): *4840 SW 170 Street*
83.
84. City: *Miami* FL 85. Zip Code: *33157*

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: *Kathleen S. Harding*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>Vice-President</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Kathleen S. Harding</i>	
STREET ADDRESS	<i>11460 SW 103 Street</i>	
CITY-ST-ZIP	<i>Miami, FL 33176</i>	
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		

11 TITLE	<i>Vice-President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>Ray A. Harding</i>	
13 STREET ADDRESS	<i>11460 SW 103 Street</i>	
14 CITY-ST-ZIP	<i>Miami, FL 33176</i>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

900002320809--4
-10/15/97--01052--029
*******61.25 *****61.25**

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: *Kathleen S. Harding*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/97 *305-558-1284*
Date Daytime Phone #

CR2E034 (9/96)