

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K25726

(6)

1. Corporation Name

G.I. AIR CONDITIONING, INC.

Principal Place of Business

657 LEAR ST  
ORLANDO FL 32809

Mailing Address

657 LEAR ST  
ORLANDO FL 32809-6554

FILED  
Apr 21 1997 8:00am  
Secretary of State



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Coury

30

3. Date Incorporated or Qualified      3a. Date of Last Report

06/03/1988

05/01/1996

4. FEI Number      4a. Applied For

59-2901964

Not Applicable

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

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      7a. Yes      7b. No

9. Name and Address of Current Registered Agent

MANTECON, GABRIEL E.  
657 LEAR ST  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

1. Name  
2. Street Address (P.O. Box Number is Not Acceptable)  
3.  
4. City      B5      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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTECON, GABRIEL E.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
STREET ADDRESS	657 LEAR ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTECON, GERTRUDIS	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STREET ADDRESS	657 LEAR ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

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: *Gabriel E. Mantecon*

ED GABRIEL E. MANTECON 01/30/97 407-859-5069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069612

CR2E034 (996)