

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M34774 (3)
1. Corporation Name
AREA REFRIGERATION & AIR CONDITIONING, INC.



Principal Place of Business: **4111 SW 47 AVE SUITE 327 FT. LAUDERDALE FL 33314 US**
Mailing Address: **4111 SW 47 AVE SUITE 327 FT. LAUDERDALE FL 33314 US**

3. Date Incorporated or Qualified: **07/07/1986**
3a. Date of Last Report: **02/07/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 65-0002869	Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State					City & State					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip		Country			Zip		Country					

9. Name and Address of Current Registered Agent FERRANTE, ALBERT 4111 SW 47 AVENUE SUITE 327 FT. LAUDERDALE FL 33314					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 non-standing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	P FERRANTE, ALBERT 4125 WIMBLEDON DR. COOPER CITY FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VST FERRANTE, JOAN 4125 WIMBLEDON DRIVE #112 COOPER CITY FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Albert Ferrante P.R.E. 4/1/96 791-7994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)