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**Feb 05 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 # M37955 (5)

1. Corporation Name
A-TOP AIR CONDITIONING, CO.



Principal Place of Business P.O. BOX 924336 HOMESTEAD FL 33092	Mailing Address P.O. BOX 924336 HOMESTEAD FL 33092-4336
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3. Date Incorporated or Qualified 09/05/1986	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2767356	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 16340 SW 95 LN Suite, Apt #, etc.	2a. Mailing Address 26 16340 SW 95 LN Suite, Apt #, etc.
22 City & State MIAMI, FL.	27 City & State MIAMI, FL.
23 Zip 33196 Country	28 Zip 33194 Country

9. Name and Address of Current Registered Agent

**SHOWEN, KARL K.
1380 S. AUDUBON DR.
HOMESTEAD FL 33034**

10. Name and Address of New Registered Agent

81 Name
SHOWEN, KARL K.

82 Street Address (P.O. Box Number is Not Acceptable)
16340 SW 95 LN.

83

84 City
MIAMI FL 85 Zip Code
33196

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: **KARL K. SHOWEN** *Karl K. Showen* DATE: **1/30/97**

Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD <input type="checkbox"/> DELETE
NAME	SHOWEN, KARL K.
STREET ADDRESS	1380 S. AUDUBON DR.
CITY-ST-ZIP	HOMESTEAD FL 33034
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	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHOWEN, KARL K.
1.3 STREET ADDRESS	16340 SW 95 LN
1.4 CITY-ST-ZIP	MIAMI, FL 33196
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Karl K. Showen* **KARL K. SHOWEN** DATE: **1/30/97** DAYTIME PHONE: **305 388-5082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)