

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90077 038 ***150.00

UNRECORDED

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14037

1. Corporation Name
MAKO-COMPRESSORS, INC.



Principal Place of Business 1634 S.W. 17TH STREET Ocala FL 34474 US	Mailing Address P.O. DRAWER 1630 Ocala FL 34478 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1987	
4. FEI Number 59-2859181	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOAL, MICHAEL A	1.2 NAME	VARNER, JR., L. WILLIAM
STREET ADDRESS	3663 W. MASON	1.3 STREET ADDRESS	211 EAST RUSSELL RD.
CITY-ST-ZIP	SIDNEY OH 45365	1.4 CITY-ST-ZIP	SIDNEY, OH 45365
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOOL, JAMES	2.2 NAME	
STREET ADDRESS	1583 SEAWIND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29407	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GREGORY M	3.2 NAME	
STREET ADDRESS	33 COMMERCIAL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOXBORO MA 02035-2099	3.4 CITY-ST-ZIP	
TITLE	VPGM <input type="checkbox"/> DELETE	4.1 TITLE	VP/GM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEESON, ROBERT W	4.2 NAME	LEESON, ROBERT W.
STREET ADDRESS	2901 S.W. 41 STREET, APT. 2108	4.3 STREET ADDRESS	3008 S. E. 23RD AVENUE
CITY-ST-ZIP	OCALA FL 34474	4.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VARNER, JR., L. WILLIAM
1.3 STREET ADDRESS	211 EAST RUSSELL RD.
1.4 CITY-ST-ZIP	SIDNEY, OH 45365
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	VP/GM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEESON, ROBERT W.
4.3 STREET ADDRESS	3008 S. E. 23RD AVENUE
4.4 CITY-ST-ZIP	OCALA, FL 34471
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 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, with all other like empowered.

SIGNATURE: Robert W. Leeson Date: 1/15/99 Daytime Phone #: 352-732-2268

CR2E034 (1/98)