	и											
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED				
CO	PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF ST. Sandra B. Mortham Secretary of State DIVISION OF CORPORATION				May 12 1998 8:00am Secretary of State				
	MENT #	P93000 HEATING, IN		3436 (1))	4		- 128/1001 HP 12/12 MH; 00/11 00/11 00				
Principal Place of Business 10015 CORTE RD W BRADENTON FL SHOLD US			Mailing Address 10015 CORTEZ RD W BRADENTON EL 34210				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
								01/07/1993				
	lace of Business		2a. N	ailing Address				4. FEI Number		Ar	plied For	1
<u> 21 4915</u>		`Ŀ	26 C		ST. (<u> </u>		65-0381911		No	t Applicable]
Suite, Apt.			27	uite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
	AOENTOA		28	Bradent	00,1	-		6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
24 342	25	Country USA Address of Currer	29	34202	30	Untry S.	A	This corporation owes or has p. Personal Property Tax due Juni Name and Address of New Ri	e 30. 🗀	Yes [angible No	
		Addition of Contain	ii nogistei	Ing Mant	· · · · ·	81 4	ame	ID. Hame and Address of New No	añistetan w	Seitt		1
	ISTER, DAVID	T WEST							<u> </u>			╛
	01 32ND STREE ADENTON FL 3					82 St	reet Addr	ess (F.O. Box Number is Not Accepta	ble)			
on	ADENION PL 3	42U 5				83						1
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						84 Ci	ty		FI	85 Zip (Code	
11. Pursuant office or a agent, I a	to the provisions of registered agent, of the familiar with, are	of Sections 607.050 or both, in the State	2 and 607 of Florida ations of S	.1508, Florida Statu Such change was Section 607.0505, F	ites, the a authorize	1 1 bove-na od by the itutes.	med corp corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the appo	changing it intment as	s registered registered	-
SIGNATURE												ŀ
	Signalure, typed or prin	led name of registeract age				ed Agent sig	natura requir	ed when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		J۶
12,		OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFI				(10/97
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6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify or 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 occivity or trustee expowered 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:

NAME

STREET ADDRESS

-SIGNATURE: