FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAY -1 AM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006982 (1)

1. Corporation Name

GULFSTREAM VENTILATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7200 N.W. 2ND AVE. UNIT 62 BOCA RATON FL 33487	7200 N.W. 2ND AVE. UNIT 62 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8256 BOCA RIO DRIVE	2a. Mailing Address: 26 8256 BOCA RIO DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33433 County 25	Zip 29 33433 County 30

3. Date Incorporated or Qualified: 01/26/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0393001 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

FISCHER, JOSEPH W
7200 N.W. 2ND AVE.
UNIT 62
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: FISCHER JOSEPH W.
82 Street Address (P.O. Box Number is Not Acceptable): 8256 BOCA RIO DRIVE
83
84 City: BOCA RATON, FL 85 Zip Code: 33433

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

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FISCHER, JOSEPH W
STREET ADDRESS	7200 N.W. 2ND AVE. UNIT 62
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DPST	[✓] Change [ ] Addition
1 NAME	FISCHER, JOSEPH, W.	
1 STREET ADDRESS	8256 BOCA RIO DRIVE	
1 CITY-ST-ZIP	BOCA RATON, FL 33433	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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(1)(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: JOSEPH FISCHER 4/12/95 407/477-3167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0279947 CP