

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

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000040327 (7)**

1. Corporation Name  
**FLORIDA HEATING AND AIR DUCT, INC.**

Principal Place of Business

**1700 BANKS RD  
MARGATE FL 33063**

Mailing Address

**1700 BANKS RD  
MARGATE FL 33063-7741**



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**06/01/1993**

3a. Date of Last Report

**02/23/1996**

4. FEI Number

**65-0421389**

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOVER, HOWARD S JR.</b>	
STREET ADDRESS	<b>1700 BANKS RD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCAUGHEY, WILLIAM P</b>	
STREET ADDRESS	<b>1700 BANKS RD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, C. CLIFFORD JR.</b>	
STREET ADDRESS	<b>1700 BANKS RD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SOKOLOV, ELLIOT</b>	
STREET ADDRESS	<b>1700 BANKS RD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>HELD, JOHN D</b>	
STREET ADDRESS	<b>1700 BANKS RD</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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:

*Elliot Sokolov* **ELLIOT SOKOLOV**

1-15-97

954-973-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0146196

CR2E034 (9/96)