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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000045131 (7) DOCUMENT #

CYPRESS AIR CONDITIONING, INC.

Principal Place of Business Mailing Address 7667 W. SMAPLE RD 7667 W. SMAPLE RD **STE 263** STE 263 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 3. Date Incorporated or Qualified 06/16/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0498334 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Z_{10} Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BLOUIN, JOHN** 11570 N.W. 43RD ST. Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 11. Pursuant to the provisions of Sections 607.05.02 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 Horida. 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 approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE **BL:OUIN. JOHN** 1.2 NAME NAME 7956 VENETIAN ST 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE BLOUIN, MARY ANNE NAME 2.2 NAME 7956 VENETIAN ST 2.3 STREET ADDRESS STREET ADDRESS MIARAMAR FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(1Y-S1-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 THILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 900002542639 5.2 NAME NAME -06/01/98--01102--003 5.3 STHEET ADDRESS STREET ADDRESS ***150.00 5.4 CHY-S1-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Block 12 or Block 13 if changed, or

CITY-ST-ZIP

14. Thereby 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under alth; that I am a officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jun 01 1998 8:00am

Secretary of State