

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

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Jan 29 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 # P94000056369 (9)

1. Corporation Name
CITY WIDE AIR CONDITIONING AND APPLIANCE SERVICE
, INC.

Principal Place of Business
20815 NE 16TH AVENUE
SUITE B-14
NORTH MIAMI BEACH FL 33179
US

Mailing Address
12079 S.W. 131 AVENUE
MIAMI FL 33186-6475



3. Date Incorporated or Qualified
07/28/1994
3a. Date of Last Report
03/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0508456		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent FLOYD, PEARSON R GREER E 201 SOUTH BISCAYNE BLVD 10TH FLOOR MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Richman, Greer, Weil et al 82 Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd 83 10th Floor 84 City Miami FL 85 Zip Code 33131			
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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 *Carroll J. Kelly* CARROLL J. KELLY, Esq. DATE 1-22-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GOMBERG, GENE D		1.2 NAME				
STREET ADDRESS	12079 S.W. 131 AVE.		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STRUNIN, RICHARD		2.2 NAME				
STREET ADDRESS	12079 S.W. 131 AVE.		2.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		2.4 CITY - ST - ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEVINSON, RICHARD		3.2 NAME				
STREET ADDRESS	12079 S.W. 131 AVE.		3.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP				
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHRISTENSEN, STEVE		4.2 NAME				
STREET ADDRESS	12079 S.W. 131 AVE.		4.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WEISER, WARREN		5.2 NAME				
STREET ADDRESS	2665 S. BAYSHORE DR., #1002		5.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33133		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				

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or in an attachment with an address.

SIGNATURE: *Steven J. Christensen* 1/15/97 (305) 255-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)