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

DOCUMENT # P94000079998 (8)

FILED Apr 29 1998 8:00am Secretary of State

HARBO	OR CITY AIR & HEAT, INC.								
Principal Place of Business Mailing Address						n ammermite sim imeet mente muter mitter	Edici dalis (AA)	** 19169 19119 19	ini (21) (20)
11 BRANCH ST BLDG D-6 BLDG D-6 BLDG D-6 MELBOURNE FL 32901 US US						DO NOT WRt 3. Date Incorporated or Qualified 10/31/1994		3PACE	•
2. Principal F	Place of Business	2a. Mailing Address			<u> </u>	4. FEI Number		Ar Ar	oplied For
21 3/a	38 Nr. WASI	BOOTON R	de			59-3274256		 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						6. Certificate of Status Desired			Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 MEI BOURNE FLZE SAME						Trust Fund Contribution		Added	
Zip	Country	Zip [Country	,		8. This corporation owes or has	_	_ · _	
24 206	134 25 Breyni	30	<u> </u>			Personal Property Tax due Ju			_ No
	9. Name and Address of Current	Registered Agent	B1	Name	1	0. Name and Address of New I	tegistered /	agent	
	UMNER, JAMES D		"	IAGUINO					
2885 ELECTRONICS DR				Street	Address	(P.O. Box Number is Not Accept	able)		
	LDG D-6		83		-	· · · · · · · · · · · · · · · · · · ·			
M	ELBOURNE FL 32935								
			84	City			FL	85 Zip (Code
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 profed name of regularital agent and little if applied like. (NOTE Registered Agent signature required when reinstating) DATE									
12.	Signature, typied or printed name of regulered agent OFFICERS AND		13.	ent signature	required wi	hen rainstating) ADDITIONS/CHANGES TO OFF	DATE EICERS AND	DIRECTOR	18 IN 12
TITLE	DPVS	DELETE	1.1 TITLE			ADDITIONOJOHANALO TO OLI	IOLIIO AIAD	Change	Addition
NAME	I	_	1.2.MAME a						_
STREET ADDRESS	SUMNER, JAMES D 2050 POST RD 14330	LAKEMONI	1.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 42925 32		14 CITY-ST-ZIP						
TITLE	DV	☐ DELETE	21 TITLE					☐ Change	Addition (
NAME	SUMNER, MARK A		2.2 NAME						ì
STREET ADDRESS			70 667	ADDAL	γ.				
CITY - ST - ZIP	MELBOURNE FL 83006 3 2934 24		2 4 CITY-9	ST - ZIP		·			
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name	SUMNER, JAMIE DIANE		3.2 NAME	ا بدد					
STREET ADDRESS	2050 POOT ROAD 4 5 3C	WANEMO							1
CITY-ST-ZIP	MELBOURNE FL 3295	DELETE	3 4. CiTY-ST-ZIP		<u> </u>			Chagge	Addition
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NAME			4. 2 NAME		•				j
STREET ADDRESS			4.3 STREET ADDRESS		l				Į.
CITY-ST-ZIP TITLE		DELETE	4.4 City - St - ZiP 5.1 Title					Change	Addition
NAME			5.2 NAME		ŀ				
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	61 TITLE		1			Change	☐ Addition
NAME			6.2 NAME		}				
STREET ADDRESS			6.3 STREET ADDRESS		1				
CITY-ST-ZIP	<u> </u>			6 4 CITY-ST-ZIP					
	certify that the information supplied with	this filing does not qualify for th	ne exemp	tion state	d in Sec	tion 119.07(3)(i), Florida Statutes	. I further cer	rtify 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: Dame & Summer

404-953-3906