SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000093174 (8)

1. Corporation Name

SOUTHERN AIR CONDITION & HEATING, INC.

Principal Place of Business

620 NW 194TH TER
MIAMI FL 33169

Mailing Address

620 NW 194TH TER
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**

3a. Date of Last Report: 6/95

2. Principal Place of Business
21 7964 PANAMA ST
Suite, Apt. #, etc.
22 MIRAMAR FL
City & State
23 ?
Zip 24 33023 Country 25 BROWARD

2a. Mailing Address
26 7964 PANAMA ST
Suite, Apt. #, etc.
27
City & State
28 MIRAMAR FL
Zip 29 33023 Country 30 BROWARD

4. FEI Number: 065-05 45 195 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Electronic Filing Requested [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JOHNSON, DONNA-MARIA L
7504 SW 179TH TER
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES (CORRECTIONS) AND DELETIONS
TITLE	DP	11 TITLE: DP PHILP MERRICK [ ] Change [ ] Addition
NAME	PHILP, MERRICK	12 NAME
STREET ADDRESS	620 NW 194TH TER	13 STREET ADDRESS: 7964 PANAMA ST
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP: MIRAMAR FL 33023
TITLE	DV	21 TITLE: DV [X] Change [ ] Addition
NAME	PHILP, LOLA E	22 NAME: PHILP MERRICK
STREET ADDRESS	620 NW 194TH TER	23 STREET ADDRESS: 7964 PANAMA ST
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP: MIRAMAR FL 33023
TITLE		31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

400001914944
-08/07/96--01020--032
***225.00

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(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 business agent 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: MERRICK PHILP Merrick Philp 7/23/96 954 894 8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (3/95)