

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

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040132 (9)
 1. Corporation Name
A GOOD AIR CONDITIONING & APPLIANCE SERVICE, INC



Principal Place of Business 3506 N. FEDERAL HWY DELRAY FL 33483	Mailing Address 3506 N. FEDERAL HWY DELRAY FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1995	
21. 41 NE 21st Street	26. 41 NE 21st Street	4. FEI Number 65-0585326		Applied For Not Applicable	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State Pompano Beach FL	28. City & State Pompano Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip 33060	25. Country USA	29. Zip 33060	30. Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, MICHAEL P 41 N.E. 21ST ST POMPAÑO FL 33060				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MICHAEL P			1.2 NAME			
STREET ADDRESS	41 NE 21ST ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAÑO FL 33060			1.4 CITY-ST-ZIP			
TITLE	W	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, SHIRLEY J			2.2 NAME			
STREET ADDRESS	866 NW 25TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY FL 33445			2.4 CITY-ST-ZIP			
TITLE	M	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, CHARLES E			3.2 NAME			
STREET ADDRESS	866 NW 25TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY FL 33445			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DEBRA A			4.2 NAME	Debra Johnson		
STREET ADDRESS	41 NE 21ST ST			4.3 STREET ADDRESS	41 NE 21 Street		
CITY-ST-ZIP	POMPAÑO FL 33060			4.4 CITY-ST-ZIP	Pompano Beach FL 33060		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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.

Handwritten signatures and dates at the bottom of the page.

CR2E034 (10/97)