

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000040394 (5)**

1. Corporation Name

AIR-O-COOLING & HEATING SYSTEMS, INC.



Principal Place of Business

Mailing Address

14807 N. 12TH ST.
LUTZ FL 33549

14807 N. 12TH ST.
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21

26

13910 N Dale Mabry

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

Suite One

City & State

City & State

23

28

Tampa, FL

Zip

Country

Zip

Country

24

25

29

33618

30

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1995

4. FEI Number

Applied For

59-3316294

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

SANDERS, WALTER
13910 N. DALE MABRY HWY.
SUITE 1
TAMPA FL 33618

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KURSCH, JOHN	14807 N. 12TH ST.	LUTZ FL 33549	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Daytime Phone #

CR2E034 (12/95)