## 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 # P95000050980 (8)

HEATING & COOLING TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

## FILED Mar 05 1998 8:00am Secretary of State



11601 S6TH C CLEARWATER US	COURT	11601 56TH COURT CLEARWATER FL 33760 US			DO NOT WRITE IN THI  3. Date incorporated or Qualified  06/28/1995	S SPACE	
2. Principal Place of Business 21 14240 60 5teet North 26 14240 60 5t  Suite, Apt. #, etc. 22 5vite A  28. Mailing Address 26 14240 60 5t  Suite, Apt. #, etc. 27 5vite A			Street	North	4. FEI Number	\$8.75	pplied For lot Applicable Additional lequired
City & State  23 CLEARWATER FL  28 CLEARWATER.			F	L	6. Election Campaign Financing Trust Fund Contribution	,	May Be to Fees
			Countr 30 US		This corporation owes or has paid the c Personal Property Tax due June 30.      Name and Address of New Registere	Yes [	ntangible No
EA	STON, KEITH E	Togratored Figure	81	Name	(0,		
8905 Anna Maria Way Odessa Fl 33556			82	Street A	Address (P.O. Box Number is Not Acceptable)		
,	EGGA TE GOOD		83	1			
			84	City	F	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 will accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE .	1/4/55 -12	KITH E. LAS	oN/P	RES.	required when reinstating) DATE	-98	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	DVP	DELETE 1.1 TII				Change	☐ Addition
NAME	Moratalla, Jose M		1.2 NAME				İ
STREET ADDRESS			1.3 STREE	T ADDRESS			-
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	_		2.1 TITLE			☐ Change	KOOIIIOO
NAME			2.2 NAME	T ADDRESS	•		-
STREET ADDRESS City-St-Zip	A0000 DI 0000		2.4 CITY				
TITLE			3.1 TITLE	DI EN		Change	☐ Addition
NAME			3.2 NAME				İ
STREET ADDRESS			3.3 STREE	T ADDRESS			}
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAMI				
STREET ADDRESS				T ADDRESS			. ]
CITY-ST-ZIP TITLE		☐ DELE <b>TE</b>	4.4 CiTY- 5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELE <b>TE</b>	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T 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.

KDINF FACTURE 25-98 813-5