FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000062035 1. CORDOTATION NAME BAX Air Conditioning + Refrigeration, Fre Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date incorporated or Dyalified Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8227 MANJARIN Blud 26 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 7in This corporation owes or has paid the current year Intangible 70 25 USA 29 9, Name and Address of Current Registered Agent Yes Personal Property Tax due June 30. 30 Name and Address of New Registered Agent KRAVITZ, BRUCE I 81 Name 11440 OKEECHOBEE BLVD, SUITE 219 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** City 84 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change BRAXI L. BRADLEY NAME 1.2 NAME CR2E034 8227 MANGARIN BIVA. STREET ADDRESS 1.3 STREET ADDRESS OXA hotchee FL CITY-ST-ZIP 1.4 CITY-ST-ZIP __ DELETE Change TITLE 2.1 TITLE LINDA BRADLEY NAME 2.2 NAME 8227 MANDARIN BIVE STREET ADDRESS 2.3 STREET ADDRESS MACHER, FL. CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE BRUCE ZEINER 2227 MANDARIN MALE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE S 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 4<u>0</u>0002520734 NAME 6.2 NAME -05/12/98- 01076--035 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP *** 150,000 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

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SIGNATURE: 0

4/30/98

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