

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000063407 (7)

1. Corporation Name

CENTRAL AIR SYSTEMS OF SARASOTA, INC.

Principal Place of Business

988 WILD CITRUS LANE  
SARASOTA FL 34240

Mailing Address

988 WILD CITRUS LANE  
SARASOTA FL 34240

FILED  
Sep 03 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0602256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 4646 ASHTON RD. Suite, Apt. #, etc. 22. City & State 23. SARASOTA FLORIDA Zip 24. 34233	2a. Mailing Address 25. 4646 ASHTON ROAD Suite, Apt. #, etc. 27. City & State 28. SARASOTA FLORIDA Zip 29. 34233	Country 30. SARASOTA
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9. Name and Address of Current Registered Agent

GORSKI, STEPHEN T  
988 WILD CITRUS LANE  
SARASOTA FL 34240

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	V P
NAME	GORSKI, STEPHEN T	1.2 NAME	CONETTA, LOUISE D. SR.
STREET ADDRESS	988 WILD CITRUS LANE	1.3 STREET ADDRESS	2334 SIENA DR
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	DVS	2.1 TITLE	
NAME	GORSKI, THOMAS S	2.2 NAME	
STREET ADDRESS	2701 OAKMERE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 8-25-97

CR2E034 (4/97)