

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

FILED
Jan 22 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 # P95000084322 (3)
 1. Corporation Name
SEY CULHAN REFRIGERATION & AIR CONDITIONING SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6771 NW 20TH ST MARGATE FL 33063	Mailing Address 6771 NW 20TH ST MARGATE FL 33063
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3. Date Incorporated or Qualified
10/30/1995

2. Principal Place of Business 21 400 NE 45th St. Suite, Apt. #, etc.	2a. Mailing Address 26 400 NE 45th St. Suite, Apt. #, etc.
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4. FEI Number
65-0630905

Applied For	
Not Applicable	

22 City & State Boca Raton, FL	27 City & State Boca Raton, FL
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 33431	25 Country Palm Beach	28 Zip 33431	30 Country Palm Beach
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

g. Name and Address of Current Registered Agent
**CULHAN, SEYMORE
 6771 NW 20TH ST
 MARGATE FL 33063**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULHAN, SEYMORE	1.2 NAME	
STREET ADDRESS	6771 NW 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULHAN, WILLIAM JOHN	2.2 NAME	
STREET ADDRESS	400 NE 45TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Roberts	3.2 NAME	
STREET ADDRESS	8581 NW 1st Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hembroke Pines, FL 33024	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)