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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600000528 (5)

ARCTIC AIR OF CENTRAL FLORIDA, INC.

FILED May 16 1997 8:00am Secretary of State

	Principal Place of Business Mailing Address 511 EAGLE CIR CASSELBERRY FL 32707 CASSELBERRY FL 32707								
2. Principal Place of Business 2a. Mailing Address 2b. SAM 6					3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 4. FEI Number Applied For				
Suile, Apt. #, etc.	SU178 19 27				·	5. Certificate of Status Desired		ot Applicable Additional	
SU178 /6						Fee Required			
CASSA BERRY	State ASSOBSTRY FL 28 City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
37707 25	USA	Zip 29 It Registered Agent	30 Cou	intry		8. This corporation has liability for intang Florida Statutes Yes 10. Name and Address of New Register	□ No	. 199.032,	
AMKRAUT, DANIEL D				81	Name				
511 EAGLE CIR CASSELBERRY FL 32707				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)		:	
				83				· · · · · · · · · · · · · · · · · · ·	
				84	City	<u></u>	85 Zip	Code	
					•	poration submits this statement for the purposition's board of directors. I hereby accept the			
Signature, typicd or porified	OFFICERS AND		4	-	1	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12	
ELADORESS AMKRAUT, DAI 511 EAGLE CIF			1.2 N 1.3 S		ADDRESS				
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4. I do hereby certify that the information supplied with this filling 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 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 SKINING OFFICER OR DIRECTOR

4/30/97

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