


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

1

PROFIT CORPORATION ANNUAL REPORT 1997/98	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P960000 25826	
1. Corporation Name Cool Breeze Air Conditioning & Htg, Inc.	

FILED
98 APR 24 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6341 Fortune Lane APOKA, FL 32712	Mailing Address P.O. Box 558 APOKA, FL 32704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6341 Fortune Lane Suite, Apt. #, etc	2a. Mailing Address 26 PO Box 558 Suite, Apt. #, etc
22 City & State 23 APOKA FL	27 City & State 28 APOKA, FL
24 Zip 25 32712	29 Zip 30 32704
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified	4. FEI Number 59-3364863	Applied For <input type="checkbox"/> 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		
10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent CYNTHIA M. PROUTY PO Box 2432 6341 Fortune Lane APOKA, FL 32704	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 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 Cynthia M. Prouty OWNER DATE 1-20-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's name must be typed or printed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE OWNER	<input type="checkbox"/> DELETE	1.1 TITLE OWNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CYNTHIA M. PROUTY		1.2 STREET ADDRESS 6341 Fortune Lane	
STREET ADDRESS PO Box 2432		1.3 CITY-STATE-ZIP APOKA, FL 32704	
CITY-STATE-ZIP APOKA, FL 32704		2.1 TITLE VICE-PRESIDENT	
TITLE VICE-PRESIDENT	<input type="checkbox"/> DELETE	2.2 NAME JOSEPH W. SARPUL	
NAME JOSEPH W. SARPUL		2.3 STREET ADDRESS 6341 Fortune Lane	
STREET ADDRESS PO Box 2432		2.4 CITY-STATE-ZIP APOKA, FL 32704	
CITY-STATE-ZIP APOKA, FL 32704		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-STATE-ZIP	
CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-STATE-ZIP	
CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), 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.

SIGNATURE: Cynthia M. Prouty 3/30/98 407-886-3111
Signature typed or printed name of signing officer or director Daytime Phone #



COOL BREEZE, Inc.

P.O. Box 558

Apopka, FL. 32704

State Lic. # CAC057373

Phone 407-886-9511

Fax # 407-886-1377

(2)

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 30, 1998

RE: Corporation Annual Report
FEIN 59-3364863

To Whom This May Concern:

I was recently informed that our company was to complete this form annually. When we became incorporated I was not told by my Attorney this was to be done. After researching I found out the reason I never received such a form was because this Attorney completed the Corporation papers using my physical address, to which I have no receptacle for mail. The only way I did find out was when we applied for credit, they told us we were administratively dissolved. In turn, I called the Dept of State and they requested I send the \$150.00 filing fee for 1997 and explain my situation in writing. I would like to plead with the State to waive any penalty charges my Company might have accumulated for this misunderstanding and/or lack of knowledge. During my conversation with the very nice lady on the phone, she at that time took down the correct mailing address, therefore in the future nothing like this can happen again. I sincerely hope you understand and please reinstate our Company.

If I can be of any other assistance, please don't hesitate to call, Thank you for your help with this matter.

Sincerely,

Cynthia M. Prouty
President