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May 22 1997 8:00am
Secretary of State

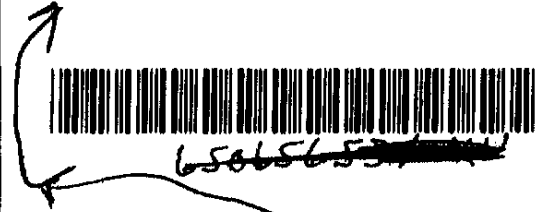
PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026250 (6)

1. Corporation Name
CORAL REEF AIR CONDITIONING, INC.



Principal Place of Business
711 S DIXIE HIGHWAY EAST
SUITE 69
POMPANO BEACH FL 33062

Mailing Address
711 S DIXIE HIGHWAY EAST
SUITE 69
POMPANO BEACH FL 33060-7810

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.
4520 N.E. 16 Ave

City & State
Pompano FLA

Zip Country
33064 Broward

Suite, Apt. #, etc.
4520 N.E. 16 Ave

City & State
Pomp FLA

Zip Country
33064 Broward

9. Name and Address of Current Registered Agent

SANTORO, THOMAS
711 S DIXIE HIGHWAY EAST
SUITE 69
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
03/20/1996

3a. Date of Last Report
1996 Taxes

4. FEI Number

2211770010

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Connie Santoro

82 Street Address (P.O. Box Number is Not Acceptable)

4520 N.E. 16 Ave

83 City

Pomp. Bch FLA

84 City

FL

85 Zip Code

33064

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 X Connie Santoro

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SANTORO, THOMAS
STREET ADDRESS 1421 S OCEAN BLVD APT 518
CITY-ST-ZIP POMPANO BEACH FL 33060

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Santoro Connie
1.3 STREET ADDRESS 4520 N.E. 16 Ave
1.4 CITY-ST-ZIP Pomp. Bch FL 33064

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE: X Connie Santoro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

Daytime Phone #

CR2E034 (9/96)