

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031394 (5)

1. Corporation Name

TECHNICAL AIR SERVICE CORP.

Principal Place of Business

8123 NW. 68TH AVENUE
TAMARAC FL 33321

Mailing Address

8123 NW. 68TH AVENUE
TAMARAC FL 33321-7016

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

2a. Mailing Address

26 Po Box 770464

27 CORAL SPRINGS FL

28 33077 Broward

3. Date Incorporated or Qualified
04/10/1996

4. FEI Number
65-0656573

3a. Date of Last Report

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Certificate of Status Desired
□ \$5.00 May Be
Trust Fund Contribution
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DORMAN, RAEFORD S
8123 NW. 68TH AVENUE
TAMARAC FL 33321

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

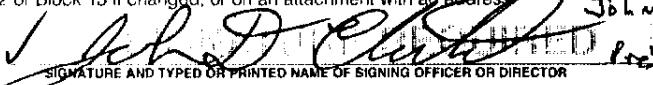
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D Clanton Jr	
STREET ADDRESS	6901 Doral	
CITY-ST-ZIP	N Lauder, FL 33068	
TITLE	Vice Pres / Secretary	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott RaeFORD Scott Dorman	
STREET ADDRESS	8123 NW 68th Ave	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	Asst Secretary	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Warjosten	
STREET ADDRESS	1301 East Hillsboro Blvd	
CITY-ST-ZIP	Decrfield Bch, FL	
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/97

1954 977-4667

Daytime Phone #

CR2E034 (9/96)