

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000037117 (4)

1. Corporation Name

CLEAN AIR REFRIGERANT OF FLORIDA, INC.



Principal Place of Business
4500 140 AVE N
STE 118
CLEARWATER FL 34622
US

Mailing Address
501 FAULKENBURG ROAD
SUITE D
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 4554 NELSON AVE		04/30/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 SARASOTA FL		59-3384321	
24 Country		29 34231		Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIERCE, WILLIAM H 501 FAULKENBURG ROAD SUITE D TAMPA FL 33619				81 Name PIERCE, WILLIAM H			
				82 Street Address (P.O. Box Number is Not Acceptable) 4554 NELSON AVE			
				83			
				84 City SARASOTA FL			
				85 Zip Code 34231			

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)

1.7.98

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VP	NAME	NEWTON, RALPH	1.1 TITLE	TRES.	1.2 NAME	RALPH NEWTON, RALPH
STREET ADDRESS	3290 TIMBERMOON CT	CITY-ST-ZIP	LAWRENCEVILLE GA 30244	1.3 STREET ADDRESS	3290 TIMBERMOON CT	1.4 CITY-ST-ZIP	LAWRENCEVILLE GA 30244
TITLE	P	NAME	PIERCE, J KENT	2.1 TITLE	VICE PRES.	2.2 NAME	PIERCE, J KENT
STREET ADDRESS	5000 DUNCANS LAKE RD	CITY-ST-ZIP	BUFORD GA 30519	2.3 STREET ADDRESS	5000 DUNCANS LAKE RD	2.4 CITY-ST-ZIP	BUFORD GA 30519
TITLE	S	NAME	PIERCE, WILLIAM H	3.1 TITLE	PRES.	3.2 NAME	PIERCE, WILLIAM H
STREET ADDRESS	4554 NELSON AVE	CITY-ST-ZIP	SARASOTA FL 34231	3.3 STREET ADDRESS	4554 NELSON AVE	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	P	NAME	SHIRLEY, RON	4.1 TITLE	SEC.	4.2 NAME	SHIRLEY, RON
STREET ADDRESS	14480 MOORING DRIVE	CITY-ST-ZIP	SEMINOLE FL 34646	4.3 STREET ADDRESS	14480 MOORING DRIVE	4.4 CITY-ST-ZIP	SEMINOLE, FL 34644
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		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.

SIGNATURE:

WILLIAM H. PIERCE

WILLIAM H. PIERCE

1.7.98

CR2E034 (10/97)