

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044501 (0)
 1. Corporation Name
PEAK AIR CONDITIONING, INC.



Principal Place of Business 4016 44TH AVENUE, WEST SUITE 1204 BRADENTON FL 34210	Mailing Address 4016 44TH AVENUE, WEST SUITE 1204 BRADENTON FL 34210-3118
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3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
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2. Principal Place of Business 21 320 7th St. E. Suite, Apt. #, etc.	2a. Mailing Address 26 320 7th St. E. Suite, Apt. #, etc.
22 City & State Bradenton, FL	27 City & State Bradenton, FL
23 Zip 34208	25 Country Manatee
24 Zip 34208	30 Country Manatee

4. FEI Number 65-0674668	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MURPHY, JEFFREY S
 4016 44TH AVENUE, WEST
 SUITE 1204
 BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81 Name Lisa L Murphy
82 Street Address (P.O. Box Number, is Not Acceptable) 7137 40th Lane East
83
84 City Sarasota
85 State FL
86 Zip Code 34243

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: **Lisa L Murphy** **LISA L Murphy** **Pres/Sec** **4-8-97**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME MURPHY, LISA L	
STREET ADDRESS 7137 40TH LANE EAST	
CITY - ST - ZIP SARASOTA FL 34243	
TITLE D	<input type="checkbox"/> DELETE
NAME FRANEY, LEO J	
STREET ADDRESS 6315 32ND AVENUE EAST	
CITY - ST - ZIP BRADENTON FL 34208	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LISA L Murphy	
1.3 STREET ADDRESS (Same)	
1.4 CITY - ST - ZIP	
2.1 TITLE V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Leo J Franey	
2.3 STREET ADDRESS (Same)	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **Lisa L Murphy** **LISA L Murphy** **4-8-97** **947983828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)