

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066789 (4)**  
1. Corporation Name  
**ATLANTIC AIR CONDITIONING SUPPLY SERVICES, INC.**



Principal Place of Business <b>2601 N.W. 5TH AVENUE WILTON MANORS FL 33311</b>	Mailing Address <b>2601 N.W. 5TH AVENUE WILTON MANORS FL 33311</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3333 W. ATLANTIC Blvd</b>		2a. Mailing Address 26 <b>3333 W. ATLANTIC Blvd</b>		3. Date Incorporated or Qualified <b>08/12/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0689938</b>	Applied For Not Applicable
22 City & State <b>Pompano Beach, FL</b>		27 City & State <b>Pompano Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33069</b>		28 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33069</b>		25 <b>U.S.A.</b>		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 <b>BUDDIE, THOMAS 2601 N.W. 5TH AVENUE WILTON MANORS FL 33311</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Buddie, Thomas</b>	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 <b>3333 W. ATLANTIC Blvd</b>	
				84 City <b>Pompano Beach</b>	85 Zip Code <b>FL 33069</b>

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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BUDDIE, THOMAS</b>			1.2 NAME			
STREET ADDRESS	<b>7898 LA MIRADA DRIVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BUDDIE, JAMES</b>			2.2 NAME			
STREET ADDRESS	<b>2601 N.W. 5TH AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WILTON MANORS FL 33311</b>			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BUDDIE, ROBERT</b>			3.2 NAME			
STREET ADDRESS	<b>3333 WEST ATLANTIC BLVD.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (4/97)