


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Oct 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066789**
1. Corporation Name
ATLANTIC AIR CONDITIONING Supply Services, Inc

Principal Place of Business
Pompano Beach, FL
Mailing Address
**3333 W. ATLANTIC Blvd
Pompano, Beach FL 33069**

2. Principal Place of Business	2a. Mailing Address
21 Same	2b Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Same	28 Same
Zip	Zip
Country	Country
24 Same	29 Same
25	30

3. Date Incorporated or Qualified 8-12-96	
4. FEI Number 65 068 9938	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THOMAS Buddie
7898 LA MIRADA DR
BOCA RATON, FL 33433**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	PRESIDENT & TREASURER <input checked="" type="checkbox"/> DELETE
NAME	THOMAS Buddie
STREET ADDRESS	7898 LA MIRADA DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	JAMES Buddie
STREET ADDRESS	2601 N.W. 5 AVE
CITY-ST-ZIP	WILTON MANORS, FL 33311
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES Buddie
1.3 STREET ADDRESS	2601 N.W. 5 AVE
1.4 CITY-ST-ZIP	WILTON MANORS, FL 33311
2.1 TITLE	VICE PRESIDENT & TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS Buddie
2.3 STREET ADDRESS	7898 LA MIRADA DR
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
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 checked="" type="checkbox"/> Addition
5.2 NAME	000002666396
5.3 STREET ADDRESS	-10/19/98-01016-021
5.4 CITY-ST-ZIP	***61.25
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES Buddie** **9/6/99** **954 971 7968**

CR2E037 (5/98)