

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071278 (1)
 1. Corporation Name
APOLLO AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business 4995 N. COCOA BLVD. STE. 44 COCOA FL 32927 US	Mailing Address 4485 DELESPINE RD. COCOA FL 32927 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 345 MYRTICE AVE. # 7 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 541233 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/27/1996	4. FEI Number 59-3402511	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 MERRITT ISLAND, FLA.	27 City & State 28 MERRITT ISLAND, FLA.	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 32953	25 U.S.A.	29 32954	30 U.S.A.	

9. Name and Address of Current Registered Agent
SOBOLOWSKI, MARK
4485 DELESPINE RD.
COCOA FL 32927

10. Name and Address of New Registered Agent
 81 Name **SOBOLOWSKI, MARK**
 82 Street Address (P.O. Box Number is Not Acceptable)
1140 OUTRIGGER DR.
 83 **FL**
 84 City **MERRITT ISLAND** 85 Zip Code **32953**

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 _____ (PRINT) Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOBOLOWSKI, MARK 4485 DELESPINE RD. COCOA FL 32927	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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: *Mark Sobolowski* **MARK SOBOLOWSKI PRES. 3-31-98 407-452-8060**

CR2E084 (10/97)