

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0020528

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 10 AM 10:52

DOCUMENT # P96000071278
1. Corporation Name
APOLLO AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business 345 MYRTICE AVE MERRITT ISLAND FL 32953 US	Mailing Address PO BOX 541233 MERRITT ISLAND FL 32954 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 345 MYRTICE AVE Suite, Apt. #, etc. 22 SUITE A City & State 23 MERRITT ISLAND, FL Zip 24 32953 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 08/27/1996	4. FEI Number 59-3402511	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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SOBOLOWSKI, MARK
1140 OUTRIGGER DR
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBOLOWSKI, MARK	1.2 NAME	
STREET ADDRESS	4485 DELESPINE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **X** *Mark Sobolowski* **X** 8/1/99 407-452-8060

CR2E034 (5/99)

Apollo Air Conditioning & Refrigeration, Inc.

Post Office Box 541233
Merritt Island, Florida 32954

Phone (407) 452-8060 or (407) 432-8070

August 03, 1999

State of Florida - Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Sean Toner

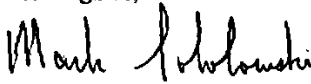
Dear Sean,

Thank you for your time and consideration to this matter of Annual Report, Document # P96000071278.

As previously discussed, I did not receive the first 1999 Profit Corporation Annual Report Packet and, as instructed, I have enclosed the check for \$150.00 for my Annual Report. Please correct my my physical address to read:

345 Mytice Avenue, Suite A
Merritt Island, FL 32953

Best Regards,



Mark Sobolowski, President
Apollo Air Conditioning & Refrigeration, Inc.