

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

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May 04 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 # P96000102671 (0)

1. Corporation Name

AMERICAN AIR & HEAT, INC. - WEST COAST

Principal Place of Business

4524 OAK FAIR BLVD  
STE. 230  
TAMPA FL 33610

Mailing Address

4524 OAK FAIR BLVD  
STE. 230  
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	12/18/1996
4. FEI Number	59-3421236
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOHNSON, LAWRENCE D ESQ. 925 SOUTH DENNING DRIVE SUITE 4 WINTER PARK FL 32789

10. Name and Address of New Registered Agent
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 607.0509 and 607.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registration and its registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a director or officer of the corporation.

SIGNATURE *[Signature]* DATE *[Date]*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	SABOW, ROBERT J
STREET ADDRESS	13438 NORTH FLORIDA, SUITE 206
CITY-ST-ZIP	TAMPA FL 33613-1229
TITLE	D
NAME	SABOW, ROBERT J
STREET ADDRESS	13438 NORTH FLORIDA, SUITE 206
CITY-ST-ZIP	TAMPA FL 33613-1229
TITLE	PVST
NAME	SABOW, Robert J
STREET ADDRESS	4524 OAK FAIR BLVD STE. 230
CITY-ST-ZIP	TAMPA FL 33610
TITLE	D
NAME	SABOW Robert J
STREET ADDRESS	4524 OAK FAIR BLV ST 230
CITY-ST-ZIP	TAMPA FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 person 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: *[Signature]* DATE: 4-15-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert J Sabow

CR2E034 (10/97)