

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90028 022 ***150.00

DOCUMENT # P96000102671

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

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

59-3421236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

Yes No

2. Principal Place of Business

21 5810-A BRECKENRIDGE PKWY
Suite, Apt. #, etc.

22 A

23 TAMPA FL

24 33610

2a. Mailing Address

26 5810-A BRECKENRIDGE PKWY
Suite, Apt. #, etc.

27 A

28 TAMPA FL

29 33610

30 Hillsborough

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

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

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 PVST
NAME SABOW, ROBERT J
STREET ADDRESS 15438 NORTH FLORIDA, SUITE 206
CITY-ST-ZIP TAMPA FL 33613-1223

DELETE

TITLE D
NAME SABOW, ROBERT J
STREET ADDRESS 15438 NORTH FLORIDA, SUITE 206
CITY-ST-ZIP TAMPA FL 33613-1223

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVST
12 NAME SABOW, ROBERT J
13 STREET ADDRESS 5810-A BRECKENRIDGE PKWY
14 CITY-ST-ZIP TAMPA FL 33610

Change Addition

21 TITLE D
22 NAME SABOW, ROBERT J
23 STREET ADDRESS 5810-A BRECKENRIDGE PKWY
24 CITY-ST-ZIP TAMPA FL 33610

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

(813) 760-2030

Daytime Phone #

CR2E034 (1/98)