


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

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**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020162 (8)
 1. Corporation Name
COOL BREEZE AIR CONDITIONING OF CENTRAL FLORIDA, INC.



Principal Place of Business 123 HAND STREET KISSIMMEE FL 34741	Mailing Address 123 HAND STREET KISSIMMEE FL 34741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/27/1997	
4. FEI Number 59-3430647	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CRAIN, STEPHEN E
123 HAND STREET
KISSIMMEE FL 34741**

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 607.0502 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: *Deborah Crain* DATE: *2/8/98*

12. OFFICERS AND DIRECTORS

TITLE: <i>President</i> NAME: <i>Stephen E Crain</i> STREET ADDRESS: <i>123 Hand Street</i> CITY-ST-ZIP: <i>Kissimmee fl 34741</i>	<input checked="" 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: <i>President</i> 1.2 NAME: <i>Deborah Crain</i> 1.3 STREET ADDRESS: <i>123 Hand St</i> 1.4 CITY-ST-ZIP: <i>Kissimmee fl 34741</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Deborah Crain* *1998* *407-870-5774*

CR2E034 (10/97)

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