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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053257

1. Corporation Name

AIR SYSTEMS OF WEST COAST FLORIDA INC ✓

Principal Place of Business

Mailing Address

3773 CENTRAL AVE SUITE A834
ST PETERSBURG FL 33713

SAME ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK M. WINEBRENNER
3773 CENTRAL AVE
ST PETERSBURG FL 33713

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 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 of signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

1.1 NAME

1.1 NAME

1.2 NAME
STAMIE HOWARD
1.3 STREET ADDRESS
8112 SOMERSET DRIVE
1.4 CITY- ST- ZIP
LARGO FL 33773

1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 NAME

2.1 NAME

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

2.4 CITY- ST- ZIP

3.1 NAME

3.1 NAME

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

3.4 CITY- ST- ZIP

4.1 NAME

4.1 NAME

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

4.4 CITY- ST- ZIP

5.1 NAME

5.1 NAME

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

5.4 CITY- ST- ZIP

6.1 NAME

6.1 NAME

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 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)(b), Florida Statutes. I further certify that the subject 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. If 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:

STAMIE HOWARD

4/26/99

727/327-1202

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR