

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S56246 (9)
1. Corporation Name

MAGIC AIR & HEATING, INC.



Principal Place of Business: 425 GASTON FOSTER ROAD SUITE C ORLANDO FL 32807
Mailing Address: 425 GASTON FOSTER ROAD SUITE C ORLANDO FL 32807

3. Date Incorporated or Qualified: 05/28/1991
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-3069323
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 4420-I METRIC DR SUITE I WINTON PARK 32792
2a. Mailing Address: 4420-I METRIC DR SUITE I WINTER PARK 32792
21-24: City, State, Zip, Country details for both addresses.

9. Name and Address of Current Registered Agent: HARRIS, CATHY M. 425 GASTON FOSTER RD STE C & D ORLANDO FL 32807
10. Name and Address of New Registered Agent: 4420-I METRIC DR WINTON PARK FL 32792

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	PVP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CATHY M.	1.2 NAME	
STREET ADDRESS	425 GASTON FOSTER RD, STE C & D	1.3 STREET ADDRESS	4420-I METRIC DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINTON PARK FL 32792
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEKER, ROBERT W.	2.2 NAME	4420-I
STREET ADDRESS	425 GASTON FOSTER RD., STE C & D	2.3 STREET ADDRESS	WINTON PARK FL 32792
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEKER, PATRICIA A.	3.2 NAME	4420-I METRIC DRIVE
STREET ADDRESS	425 GASTON FOSTER RD, STE C & D	3.3 STREET ADDRESS	WINTER PARK, FL. 32792
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	VP (407) 673-2665
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSTER, RONALD	4.2 NAME	MOSELEY, RONALD
STREET ADDRESS		4.3 STREET ADDRESS	4420-I METRIC DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTON PARK 32792 VP SERVICE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASST. SECY
STREET ADDRESS		5.3 STREET ADDRESS	SAM SMITH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4420-I METRIC DR.
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 7/31/96 (407) 673-2665

CR2E034 (3/96)