

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>366407</b>			
1. Corporation Name <b>FORCED AIR TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>34731 CHANCEY RD. ZEPHYRHILLS, FL 33541</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21. <b>SAME (34731 CHANCEY RD)</b>		2a. Mailing Address 26. <b>SAME</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State <b>ZEPHYRHILLS, FL</b>		28. City & State <b>ZEPHYRHILLS, FL</b>	
24. Zip <b>33541</b>		29. Zip <b>33541</b>	
25. Country <b>USA</b>		30. Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>LARRY C. MILLER 26638 BERMUDA DR. TAVARES, FL 32778</b>			
10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>34731 CHANCEY RD</b> 83. 84. City <b>ZEPHYRHILLS</b> 85. Zip Code <b>FL 33541</b>			
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: <i>Larry C. Miller</i> (NOTE: Registered Agent signature required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do not 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: <i>Larry C. Miller</i> 5-5-97 352-942-9040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)