SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

OCEAN-	AIRE CONDITIONING, INC).			
Principal Place of Business Malling Address					018 018 018 8 01 8 01 1 01
401 8TH STREE	et east	401 8TH STREET EAST			
BRADENTON FL 34208 BRADENTON FL 34208					
				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified 03/30/1992	
2. Principal Place of Business		2a. Malling Address		4. FEI Number	Applied For
21		26		65-0326364	Not Applicable
Sulte, Apt. #, etc,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible
	9. Name and Address of Cur		1001	10. Name and Address of New Registered	
BRADENTON FL 34208 83 84 C				ddress (P.O. Box Number is Not Acceptable)	
SIGNATURE	Signalum, typed of printed name of registered a	igent and title if applicable. (A	A	required when reinstating)	changing its registered pintment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTSD	DELETE	1.1 TITLE		Change Addition
NAME	HILL, APRIL H		1.2 NAME		Í
STREET ADDRESS	DDA BELIEVAL III		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE		L DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	-	
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP 3.1 TITLE		
NAME		L DELETE	3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	7.00	DELETE	4.1 TITLE		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		
NAME			5.2 NAME		Change Addition

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)(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 chapped, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

olielas

Change Addition

FILED

Aug 27 1998 8:00am

Secretary of State