


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V35848 (3)		
1. Corporation Name COMFORT AIR CONDITIONING, INC.		



Principal Place of Business 217 ALTAMONTE COMMERCE BLVD. SUITE 1206 ALTAMONTE SPRINGS FL 32714	Mailing Address 217 ALTAMONTE COMMERCE BLVD. SUITE 1206 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 160824 Suite, Apt. #, etc. Altamonte Springs FL City & State 32716 Zip USA Country		2a. Mailing Address 26 P.O. Box 160824 Suite, Apt. #, etc. Altamonte Springs City & State Ph Zip 32716 Country USA		3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 08/08/1996
22		27		4. FEI Number 59-3123208	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALVADORE, CELESTINA 217 ALTAMONTE COMMERCE BLVD. SUITE 1206 ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent	
				81 Name	SALVADORE, CELESTINA
				82 Street Address (P.O. Box Number is Not Acceptable)	770 BRIARWOOD CT.
				83	ORANGE CITY FL 32763
				84 City	FL 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 Celestina Salvadore Celestina Salvadore (NOTE: Registered Agent signature required when reinstating) DATE 9/16/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALVADORE, CELESTINA P			1.2 NAME			
STREET ADDRESS	5326 CHARLOTTE AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	NEW PT. RICHIE FL 34652			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALVADORE, DEBRA			2.2 NAME			
STREET ADDRESS	770 BRIARWOOD CT.			2.3 STREET ADDRESS			
CITY - ST - ZIP	ORANGE CITY FL 32763			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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.

CR2E034 (4/97)