

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

FILED

Feb 18 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 # V45338 (3)

1. Corporation Name
TAYLOR A/C & REFRIDGERATION, INC.

| | |
|--|--|
| Principal Place of Business 850 S. ANDREWS AVE. BLDG. #5 POMPANO BEACH FL 33089 US | Mailing Address 403 SW 75TH AVE NORTH LAUDERDALE FL 33068-1342 |
|--|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/23/1992 | 3a. Date of Last Report 03/12/1996 |
|---|---------------------------------------|

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 1470 S. Andrews Ave Suite, Apt. #, etc. 22 City & State Pompano Bch, FL 23 Zip 33069 24 Country BROWARD | 2a. Mailing Address 26 1470 S. Andrews Ave Suite, Apt. #, etc. 27 City & State Pompano Bch, FL 28 Zip 33069 29 Country BROWARD | 4. FEI Number 65-0341281 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|--|--|--|

| | |
|--|---|
| 9. Name and Address of Current Registered Agent TAYLOR, JAMES 403 SW 75TH AVE NORTH LAUDERDALE FL 33068 | 10. Name and Address of New Registered Agent 81 Name Taylor, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 24 Havenwood Dr. 83 84 City Pompano Bch FL 85 Zip Code 33064 |
|--|---|

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 | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, JAMES | 1.2 NAME | |
| STREET ADDRESS | 403 SW 75 AVE | 1.3 STREET ADDRESS | 24 Havenwood Dr. |
| CITY-ST-ZIP | N LAUDERDALE FL | 1.4 CITY-ST-ZIP | Pompano Bch, FL 33064 |
| TITLE | SD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, TINA | 2.2 NAME | |
| STREET ADDRESS | 403 SW 75 AVE | 2.3 STREET ADDRESS | 24 Havenwood Dr. |
| CITY-ST-ZIP | N LAUDERDALE F | 2.4 CITY-ST-ZIP | Pompano Bch, FL 33064 |
| TITLE | | 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 | | 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 | | 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 | | 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.

SIGNATURE: _____

2-10-97 (954) 783-9233

CR2E034 (9/96)