

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000079625 (8)

1. Corporation Name
SABAL AIR-VAC, INC.



Principal Place of Business 4935 SHADE TREE 6000A FL 32926 US	Mailing Address 4935 SHADE TREE COCOA FL 32926 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1993

2. Principal Place of Business 21 4512 Pine Cone Place Suite, Apt. #, etc.	2a. Mailing Address 26 4512 Pine Cone Place Suite, Apt. #, etc.	4. FEI Number 59-3213862	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Cocoa, FL	28 City & State Cocoa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 32926	25 Country USA	29 Zip 32926	30 Country USA

9. Name and Address of Current Registered Agent ROCKWELL, JUDY 4935 SHADE TREE STREET COCOA FL 32926				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 4512 Pine Cone Place			
83				84 City Cocoa			
				85 Zip Code FL 32926			

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 *Judy Rockwell* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKWELL, JUDY	1.2 NAME	
STREET ADDRESS	4935 SHADE TREE	1.3 STREET ADDRESS	4512 Pine Cone Place
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLEKE, ROBERT N JR	2.2 NAME	
STREET ADDRESS	4935 SHADE TREE	2.3 STREET ADDRESS	4512 Pine Cone Place
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	Cocoa, FL 32926
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 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: *Sandra B. Mortham* 3/15/98 407-636-3708

CR2E034 (10/97)