

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

**FILED**

**May 15 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 # P96000013439 (0)**

1. Corporation Name  
**A-1 AIR & HEAT, INC.**



Principal Place of Business

**19511 SW 216 STREET  
MIAMI FL 33174**

Mailing Address

**19511 SW 216 STREET  
MIAMI FL 33170-1230**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **33170** Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**YOUNT, STEPHANIE  
19511 SW 216 STREET  
MIAMI FL 33174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL 85 Zip Code 33170**

3. Date Incorporated or Qualified

**02/08/1996**

3a. Date of Last Report

4. FEI Number

**65-0644742**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent, and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**V, T, S  
Dorrance Yount  
19511 SW 216 ST  
MIAMI, FL 33170**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**President  
Stephanie Kim Yount  
19511 SW 216 ST  
MIAMI, FL 33170**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Stephanie Kim Yount*

DATE: *05/15/97*

CR2E034 (9/96)