

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INFORMATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State

APPROVED AND FILED
05 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 459578 (1)
TAMARAC AIR CONDITIONING, INC.

Principal Office Location: **Margate, Florida**
5600 N.W. 8TH ST. MARGATE FL 33063

1. Date of Incorporation 08/14/1974	3a. Date of Last Report 04/06/1994
2. Filing State of Incorporation 21	2a. Mailing Address 26
3. Filing State of Mailing Address 22	3a. Mailing Address 27
4. Filing State of Principal Office 23	3b. Mailing Address 28
5. Filing State of Principal Office 24	3c. Mailing Address 29
6. Filing State of Principal Office 25	3d. Mailing Address 30

7. Certificate of Good Standing \$8.75 Additional Fee Required	8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent RUBACK, MICHAEL 5600 N.W. 8TH ST MARGATE FL 33063	10. Name and Address of Now Registered Agent 81 Name 82 Street Address of the New Agent or Not Applicable 83 84 City, State, Zip FL 85 33063

11. I hereby certify that the information supplied with this filing is voluntarily furnished and that it was not prepared for the corporation by any person other than the corporation or its officers, directors, or agents. I further certify that the information was not prepared for the corporation by any person other than the corporation or its officers, directors, or agents. I further certify that the information was not prepared for the corporation by any person other than the corporation or its officers, directors, or agents.

12. CURRENT REGISTERED AGENTS	13. AGENTS AND CHANGES TO OFFICERS AND DIRECTORS
P NAME: RUBACK, MICHAEL J ADDRESS: 5100 N OCEAN BLVD #418 FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: RUBACK, ADEANA ADDRESS: 5100 N OCEAN BLVD #418 FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:
Adeana Ruback Secretary 5/5/95 1-305-972-2001
Michael Ruback Secretary 5/5/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR