

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 508480 (1)**

1. Corporation Name

**AIR CONDITIONING AND MECHANICAL INCORPORATED (AM I)**

Principal Place of Business

Mailing Address

**1865 SW 4 AVE #3  
DELRAY BEACH FL 33444**

**1865 SW 4 AVE #3  
DELRAY BEACH FL 33444**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HRAWG CORP.  
2000 GLADES ROAD, SUIT 400  
BOCA RATON FL 33431**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**08/05/1976**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1749566**

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 607.1508, 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:

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |                                            |
|-----------------|-------------------------|--------------------------------------------|
| TITLE           | PD                      | <input type="checkbox"/> DELETE            |
| NAME            | MICHAELSON, THEODORE L. |                                            |
| STREET ADDRESS  | 1499 S.W. 2ND AVENUE    |                                            |
| CITY - ST - ZIP | BOCA RATON FL           |                                            |
| TITLE           | S                       | <input type="checkbox"/> DELETE            |
| NAME            | MICHAELSON, DAVID       |                                            |
| STREET ADDRESS  | 1499 S.W. 2ND AVENUE    |                                            |
| CITY - ST - ZIP | BOCA RATON FL           |                                            |
| TITLE           | T                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | MICHAELSON, PAUL        |                                            |
| STREET ADDRESS  | 1499 S.W. 2ND AVENUE    |                                            |
| CITY - ST - ZIP | BOCA RATON FL           |                                            |
| TITLE           | V                       | <input type="checkbox"/> DELETE            |
| NAME            | MICHAELSON, MARK        |                                            |
| STREET ADDRESS  | 1499 S.W. 2ND AVENUE    |                                            |
| CITY - ST - ZIP | BOCA RATON FL           |                                            |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |                                            |
| STREET ADDRESS  |                         |                                            |
| CITY - ST - ZIP |                         |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | <b>SIT</b>                                                                   |
| 23 STREET ADDRESS  | <b>DAVID MICHAELSON</b>                                                      |
| 24 CITY - ST - ZIP | <b>1499 SW 2ND AVE</b>                                                       |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP | <b>BOCA RATON, FL</b>                                                        |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Theodore L. Michaelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President 4/26/96 407-243-8001*  
DATE

CR2E034 (3/96)