

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

FILED
Mar 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 # 678473

(0)

1. Corporation Name

SOUTHEAST AIR CONDITIONING, INC.



Principal Place of Business

13840 N.W. 6 CT.
MIAMI FL 33169

Mailing Address

13840 N.W. 6 CT.
MIAMI FL 33169-2931

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

MITCHELL SETH POLANSKY, ESQUIRE
2601 SOUTH BAYSHORE DRIVE
SUITE 1773
COCONUT GROVE, 33133

3. Date Incorporated or Qualified

07/15/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2027195

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

81 Name

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

83

84 City

FL

85 Zip Code

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	P	SMITH, PAUL M.	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		10 KEY WEST COURT	
CITY-ST-ZIP		FORT LAUDERDALE FL	
TITLE	D	SMITH, JENNIFER A	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		10 KEY WEST COURT	
CITY-ST-ZIP		FORT LAUDERDALE FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11 TITLE	D	SMITH, PAUL M. (Jr.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS		10 Key West Court	
14 CITY-ST-ZIP		Fort Lauderdale, Fl. 33326	
21 TITLE	P	SMITH, PAUL M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS		1430 NW 99th Avenue	
24 CITY-ST-ZIP		Plantation, Fl. 33322	
31 TITLE	VP/S/T	SMITH, NANCY LEE T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS		1430 NW 99th Avenue	
34 CITY-ST-ZIP		Plantation, Fl. 33322	
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 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Lee T. Smith V. Pres. 3/12/97 (305) 769-9959

CR2E034 (9/96)