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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713775

1. Corporation Name

FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

315 MELODY LANE
 P.O. BOX 180458
 CASSELBERRY FL 32707

Mailing Address

315 MELODY LANE
 P.O. BOX 180458
 CASSELBERRY FL 32707



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/11/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-1440713

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
P.O. BOX 458
CASSELBERRY FL 32707

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	TAYLOR, RAY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	DELETE
NAME	SOKOLOW, ELLIOT	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VIVONA, RUDY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	DELETE
NAME	DENNISON, LARRY	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FICARROTTO, JANICE	
STREET ADDRESS	315 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
 Date
 407-260-2212
 Daytime Phone #

CR2E037 (1/98)