## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

MARGATE FL

734492

(2)

## AIR CONDITIONING CONTRACTORS OF AMERICA, GOLD CO AST CHAPTER, INCORPORATED

Principal Place of Business Mailing Address 10251 W. SAMPLE RD 10251 W SAMPLE RD SUITE B SUITE B CORAL SPRINGS FL 33065-3939 OORAL SPRINGS FL 33065-3939 3. Date Incorporated or Qualified 12/01/1975 3a. Date of Last Report 05/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 1650 South Dixie Highway 1650 South Dixle Highway 59-2778128 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\boxtimes$ 5. Certificate of Status Desired 5th Floor 5th Floor Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Boca Raton, Florida Boca Raton, Florida Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 33432 33432 🗓 Yes 🗌 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name James S. McMullen KELLOUGH, DAVID L Street Address (P.O. Box Number is Not Acceptable)
1650 South Dixie Highway 82 10251 W SAMPLE RD 83 SUITE B 5th Floor **CORAL SPRINGS FL 33065** 84 City Zip Code Boca Raton 33432 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. April 22, 1997 SIGNATURE ( stered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE ٧Đ DELETE 1.1 TITLE Addition PD WIESEL, SCOTT NAME 1.2 NAME 1930 NW 18TH ST STREET ADDRESS 1.3 STREET ADDRESS 590 Goolsby Boulevard POMPANO BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Deerfield Beach, FL 33442 DELETE Change Addition TITLE PD 21 TITLE PURCELL, DENNIS NAME 2.2 NAME 355 SW 13TH AVE STREET ADDRESS 2.3 STREET ADDRESS Pompano Beach, FL 33069 POMPANO BCH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition CALLEJA, OSCAR NAME 3.2 NAME 5501 NW 82ND AVENUE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3 4. CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33166</u> DELETE X Change Addition TITLE 41 TITLE VPD NAME **GUZMAN, EMILIO F** 4 2 NAME 4613 SW 74TH AVE STREET ADDRESS 4.3 STREET ADDRESS Miami, FL 33155 MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change X Addition TITLE 51 TITLE KELLOUGH, DAVID L James S. McMullen NAME 5.2 NAME 10251 W SAMPLE RD. STE B 1650 South Dixie Highway, 5th Floor STREET ADDRESS 5.3 STREET ADDRESS **CORAL SPRINGS FL** Boca Raton, FL 33432 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE X Change Addition NAME **CHUCK MEYER** 6.2 NAME STREET ADDRESS 1700 BANKS RD 6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNIATURE.

Apr 11 22, 1997 (561) 750-8558

Margate, FL 33063

FILED

May 05 1997 8:00am

Secretary of State