

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 734492 (2)
1. Corporation Name
AIR CONDITIONING CONTRACTORS OF AMERICA, GOLD COAST CHAPTER, INCORPORATED



Principal Place of Business 1650 SOUTH DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US	Mailing Address 1650 SOUTH DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US
---	---

3. Date Incorporated or Qualified 12/01/1975		
4. FEI Number 59-2778128	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**MCMULLEN, JAMES S
1650 SOUTH DIXIE HIGHWAY
5TH FLOOR
BOCA RATON FL 33432**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WIESEL, SCOTT	1.1 TITLE	SD Krohn, Barry
NAME	590 GOOLSBY BOULEVARD	1.2 NAME	1049 N.W. 3rd Street
STREET ADDRESS	DEERFIELD BEACH FL	1.3 STREET ADDRESS	Hallandale, FL 33009
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PURCELL, DENNIS	2.1 TITLE	TD Calleja, Oscar
NAME	355 SW 13TH AVE	2.2 NAME	5501 N.W. 82nd Avenue
STREET ADDRESS	POMPANO BEACH FL	2.3 STREET ADDRESS	Miami, FL 33166
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CALLEJA, OSCAR	3.1 TITLE	
NAME	5501 NW 82ND AVENUE	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD GUZMAN, EMILIO F	4.1 TITLE	
NAME	4613 SW 74TH AVE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	M MCMULLEN, JAMES S	5.1 TITLE	
NAME	1650 SOUTH DIXIE HIGHWAY 5TH FLOOR	5.2 NAME	
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD CHUCK MEYER	6.1 TITLE	
NAME	1700 BANKS RD	6.2 NAME	
STREET ADDRESS	MARGATE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *James S. McMullen* **4/23/98** **954/750-8558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038448

CR2E037 (10/97)