

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		Mailing Address	
1650 SOUTH DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US		1650 SOUTH DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	12/01/1975
4. FEI Number	59-2778128
Applied For	Not Applicable
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

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	1.1 TITLE	SD
NAME	WIESEL, SCOTT	1.2 NAME	Krohn, Barry
STREET ADDRESS	590 GOOLSBY BOULEVARD	1.3 STREET ADDRESS	1049 N.W. 3rd Street
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D	2.1 TITLE	TD
NAME	PURCELL, DENNIS	2.2 NAME	Calleja, Oscar
STREET ADDRESS	355 SW 13TH AVE	2.3 STREET ADDRESS	5501 N.W. 82nd Avenue
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	SD	3.1 TITLE	
NAME	CALLEJA, OSCAR	3.2 NAME	
STREET ADDRESS	5501 NW 82ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	GUZMAN, EMILIO F	4.2 NAME	
STREET ADDRESS	4613 SW 74TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	M	5.1 TITLE	
NAME	MCMULLEN, JAMES S	5.2 NAME	
STREET ADDRESS	1650 SOUTH DIXIE HIGHWAY 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	CHUCK MEYER	6.2 NAME	
STREET ADDRESS	1700 BANKS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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: [Signature] 4/23/98 954/750-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038448

CR2E037 (10/97)