

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F61805 (0)**
1. Corporation Name
INDUSTRIAL AIR CONDITIONING & REFRIGERATION, INC



Principal Place of Business Mailing Address
1691-A N.W. 31ST AVE. FT. LAUDERDALE FL 33311-4333 **1691-A N.W. 31ST AVE. FT. LAUDERDALE FL 33311-4333**

3. Date Incorporated or Qualified **01/21/1982** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2153249** 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

2. Principal Place of Business 2a. Mailing Address
21 **3511 NE 24 AVE** 26 **3511 NE 24 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **STE 300** 27 **STE 300**
City & State City & State
23 **Fort Lauderdale, FLA** 28 **Fort Lauderdale, FLA**
Zip Country Zip Country
24 **33308** 25 **USA** 29 **33308** 30 **USA**

9. Name and Address of Current Registered Agent **CRAWFORD, ROBERT W. 1215 E. BROWARD BLVD. FT. LAUDERDALE FL 33301**
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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANESE, ARVID	1 2 NAME	ARVID ALBANESE
STREET ADDRESS	3000 E. SUNRISE BLVD PHB	1 3 STREET ADDRESS	3511 NE 24 AVE, STE 300
CITY - ST - ZIP	FT. LAUDERDALE FL	1 4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	STD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINALDI, WILLIAM G.	2 2 NAME	
STREET ADDRESS	1701 NE 27TH DR.	2 3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL	2 4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERO, NICK	3 2 NAME	
STREET ADDRESS	11771 SW 1ST STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or by an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (12/95)