

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

DOCUMENT # G80512 (8)

1. Corporation Name

ASPEN AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

1424 GWENZELL AVE
DELRAY BCH FL 33444-8295

1424 GWENZELL AVE
DELRAY BCH FL 33444-8295

2. Principal Place of Business

21 3999 N. Dixie Hwy
Suite, Apt. #, etc.

2a. Mailing Address

25 3999 N. Dixie Hwy
Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

MAGUIRE, STEVEN
1424 GWENZELL AVE
DELRAY BCH FL 33444

3. Date Incorporated or Qualified

12/09/1983

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2352488

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3999 N. Dixie Hwy

83

84 City

Boca Raton

FL

85 Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME MAGUIRE, STEVEN
STREET ADDRESS 1424 GWENZELL AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE

S
NAME MAGUIRE, STEVEN
STREET ADDRESS 1424 GWENZELL AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

T
NAME MAGUIRE, PATRICIA
STREET ADDRESS 1424 GWENZELL AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE

VP
NAME RIMEL, STEPHEN
STREET ADDRESS 1424 GWENZELL AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3999 N. Dixie Hwy
Boca Raton, FL 33431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3999 N. Dixie Hwy
Boca Raton, FL 33431

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3999 N. Dixie Hwy
Boca Raton, FL 33431

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3999 N. Dixie Hwy
Boca Raton, FL 33431

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)