Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90270 012 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G80512

1. Corporation	AIR CONDITIONING, INC.										
Principal Place of Business Mailing Address								PE CONTENDENCE DE CONTRACTOR			1811 81811 1891
·			h dixie highway				•		•		
BOCA RATON FL 33431 BOCA RATON FL 3343		431				DO NOT WEITE IN THE CRACE					
US US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							12/09/1983				
2. Principal Pl	ace of Business	2a. Mailing Address	ı				4, FEI Number	_		<u> </u>	plied For
21		26					59-235248	8			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.				5. Certificate of S	tatus Desired		\$8.75 A	additional
22		27									· —
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
23		28		Country							o rees
Zip	Country Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25	29	30				10. Name and Ad				
	9. Name and Address of Curren	it Registered Agent		81	Na	ne	IV. Italia and A	ioros or mon ric	3.0.0		
MAG	uire, steven						.,				
3999 NORTH DIXIE HIGHWAY			82	Str	eet Addr	ess (P.O. Box Numb	er is Not Acceptat	ole)			
BOCA RATON FL 33431				83	-						
										·	
				84	City	/			FL	85 Zip C	Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change itions of, Section 607.050	was autho 5, Florida	Statutes.	tne c	orporatio	on s board of director	tatement for the ps. I hereby accept	the appoi	changing its ntment as reg	registered gistered
	Signature, typed or printed name of registered age	nt and title if applicable. ID DIRECTORS	(NOTE: Regi	13.	nt signal	ure required	d when reinstating)	ANGES TO OFF		ID DIRECTO	RS IN 12
12.	P OFFICERS AN	DELE	TF	1.1 TITLE		i	ADDITIONS/CI	ANGES TO OTT	IOLINO AIN	Change	Addition
TITLE	MAGUIRE, STEVEN			1.2 NAME						•	
NAME	3999 N DIXIE HWY			1.3 STREET	LYUUD						
STREET ADDRESS						-33		•			i
CITY-ST-ZIP	BOCA RATON FL	DELE	TF	1.4 CITY-ST 2.1 TITLE	1-21					Change	Addition
TITLE	MACHIDE CTEVEN			2.2 NAME							_
NAME	Maguire, Steven 3999 n dixie hwy			2.3 STREET	T ADDD	= 0					
STREET ADDRESS	BOCA RATON FL			2.4 CITY-S							1
CITY-ST-ZIP TITLE	T	DELE	TE	3.1 TITLE	1-211-					Change	Addition
NAME	MAGUIRE, PATRICIA	_	1	3.2 NAME				•	•		
	3999 N DIXIE HWY			3.3 STREET	T ADDR	ESS					
STREET ADDRESS	BOCA RATON FL			3.4. CITY-S							
CITY-ST-ZIP TITLE	VP	☐ DELE	TE	4.1 TITLE	, i - <u>L</u> ii					☐ Change	Addition
NAME	RIMEL, STEPHEN	-	ľ	4. 2 NAME							·
STREET ADDRESS											
	3999 N DIXIF HWY			4.3 STREET	T ADDR	ESS		•			
	3999 N DIXIE HWY ROCA RATON FI			4.3 STREET		ESS		·,			
CITY-ST-ZIP	3999 N DIXIE HWY BOCA RATON FL	□ DELE	TE			ESS		·		☐ Change	☐ Addition \
CITY-ST-ZIP		☐ DELE	TE	4.3 STREET		ESS				Change	Addition (
CITY-ST-ZIP TITLE NAME		☐ DELE	TE	4.3 STREET 4.4 CITY-ST 5.1 TITLE	T-ZIP					☐ Change	Addition (
CITY-ST-ZIP TITLE		☐ DELE	ETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T-ZIP					☐ Change	☐ Addition (

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other-like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP