

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90049 037 ***150.00

DOCUMENT # H69250

1. Corporation Name

HVAC ASSOCIATES, INC.



Principal Place of Business

Mailing Address

333 S.W. 14 AVENUE
POMPANO BEACH FL 33069
US

P.O. BOX 1355
POMPANO BEACH FL 33061-1355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1985

4. FEI Number

59-2568411

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 100 SW 5th CT

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 POMPAÑO BEACH, FL

28 City & State

24 33060 25 US

29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIGARINO, MARK

333 SW 14TH AVE.

POMPANO BCH. FL 33069

81 Name VIGARINO, MARK A.

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

100 SW 5th CT

83 POMPAÑO BEACH

84 City

FL

85 Zip Code

33060

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SOJACK, SUZANNE

STREET ADDRESS 333 SW 14TH AVE

CITY-ST-ZIP POMPAÑO BCH. FL 33069

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/1/99

954 783 4892

CR2E034 (1/98)