

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J00915 (5)**

1. Corporation Name
LINDSTROM A/C INC.



Principal Place of Business: **6601 LYONS ROAD D-8 COCONUT CREEK FL 33073**
Mailing Address: **6601 LYONS ROAD D-8 COCONUT CREEK FL 33073**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/25/1986		03/08/1995
4.	FBI Number	Applied For	
	59-2641704	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LINDSTROM, CARL EDWARD
6601 LYONS RD., #D-8
COCONUT CREEK FL 33073**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 or director acceptable)

(NOTE: Registered Agent signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, DEBORAH A		1.2 NAME		
STREET ADDRESS	12298 WILES ROAD		1.3 STREET ADDRESS	6601 Lyons Road D-8	
CITY-STATE-ZIP	CORAL SPRINGS FL		1.4 CITY-STATE-ZIP	COCONUT CREEK, FL 33073	
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, CARL E.		2.2 NAME		
STREET ADDRESS	12298 WILES ROAD		2.3 STREET ADDRESS	6601 Lyons Road D-8	
CITY-STATE-ZIP	CORAL SPRINGS FL		2.4 CITY-STATE-ZIP	COCONUT CREEK, FL 33073	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, JEFFERY C.		3.2 NAME		
STREET ADDRESS	12298 WILES ROAD		3.3 STREET ADDRESS	6601 Lyons Road D-8	
CITY-STATE-ZIP	CORAL SPRINGS FL		3.4 CITY-STATE-ZIP	COCONUT CREEK, FL 33073	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, DOUGLAS, S		4.2 NAME		
STREET ADDRESS	12298 WILES RD		4.3 STREET ADDRESS	6601 Lyons Road D-8	
CITY-STATE-ZIP	CORAL SPRINGS FL		4.4 CITY-STATE-ZIP	COCONUT CREEK, FL 33073	
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-STATE-ZIP			5.4 CITY-STATE-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-STATE-ZIP			6.4 CITY-STATE-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 if changed, or as an attachment with an address.

SIGNATURE: *Carl E. Lindstrom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
3/4/96

954-420-5300
Dialing Prefix

CR2E034 (12/95)